

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2005

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Sanford

PHA Number: FL016

PHA Fiscal Year Beginning: 07/2005

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: to be the area's affordable housing of choice. The Sanford Housing Authority provides and maintains decent, safe and sanitary housing in a cost-effective manner. By partnering with other agencies, we offer rental assistance and alternative housing related services to our community in a non-discriminatory manner.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.

Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

Apply for Additional Rental Vouchers: SHA will apply for vouchers when HUD announces the availability.

Improve Public Housing Management (PHAS score): SHA has and will take steps to reduce the number of Exigent Health and Safety findings by the REAC Inspectors. Minimal activity occurred before June 2004. Since this time we have contracted work to reduce existing EH&S findings, additionally we have begun monthly inspections. Additionally, we are stressing inspections during the completion of work orders, additional inspections during the year and UPCS education for all staff.

Reduce the time for Unit Turnaround: We continue with the repairs of vacant units by the contractor and maintenance. The number of vacant units is slowly being reduced each week. The contractor will turnover a total of 41 units when the contract is completed. Maintenance continues to reduce the number of units under its control. The goal of 93% to 97% occupancy should be reached during the next few months.

Improve on Emergency Work Order completion: SHA has implemented a better understanding of what is considered an emergency that they need to be completed or abated.

Improve Voucher Management: Develop a system detailing proper procedures regarding port-in vouchers to ensure reimbursement from originating Housing Authority. Review payment standards and policies to reduce HAP costs. Hire a full time inspector.

Concentrate on effort to improve specific management functions:

Public Housing Finance: Hire a Financial Manager with at least five years of PHA experience. Take measures suggested by consultants to improve the accountability of the Finance Department.

Renovate or Modernize public housing units: SHA will continue to make needed repairs with its operating budget and Modernization funds in accordance with HUD guidelines to improve the public appeal and conditions.

Annual PHA Plan
PHA Fiscal Year 20 06
 [24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
 Small Agency (<250 Public Housing Units)
 Administering Section 8 Only

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The mission of the Sanford Housing Authority is to be the area's affordable housing of choice. The Sanford Housing Authority provides and maintains decent, safe, and sanitary housing in a cost-effective manner. By partnering with other agencies, we offer rental assistance and alternative housing related services to our community in a non-discriminatory manner.

Our vision for the Sanford Housing Authority is to be a high performing, vibrant and pro-active housing and community development agency with strong public and private partnerships. The Sanford Housing Authority will be respected and recognized throughout the region for our professional administration, legislative/policy influence, high quality housing and innovative, creative and diverse programs that meet the needs of our residents and improves the quality of life.

Our goals and objectives for Fiscal Year 2005 Annual Plan include:

- I. Continue implementing strategies for management and organization; unit rehabilitation and occupancy/deferred maintenance correction; and sustainability
- II. Develop strong financial infrastructure
 - A. Implement sound financial cost system.
 - B. Build stable financial systems.
 - C. Create independent cost structure.
 - D. Maintain proper and timely payment of indebtedness.
- III. Establish partnerships with non-profit, educational, governmental and non-governmental entities.
 - A. Continue proactive relationships with Resident Councils.
 - B. Continue to build collaborative efforts with local, state, and federal agencies (i.e., law enforcement agencies, Front Porch, Salvation Army, United Way, Goodwill, etc.) to provide services to our clients.
 - C. Continue to partner with law enforcement agencies

- IV. Improve physical conditions of administrative building.
- V. Decrease crime and criminal related activity in and around SHA properties.
 - A. Lease enforcement.
 - B. Continue to promote and regulate Community Service and Self-Sufficiency Requirement.
 - C. Increase funding for drug prevention programs through innovative and alternative resources.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Indicate which attachments are provided by selecting all that apply. Provide the attachment’s name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.	
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Required Attachments:

- Admissions Policy for De-concentration (Attachment A)
- FY 2005 Capital Fund Program Annual Statement (Attachment B)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (Public Housing Admissions and (Continued) Occupancy, Section 8 Administrative Plan, FL016c01, FL016d01, FL016e01, FL016f01, FL016g01, FL016h01, Organizational Chart)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
		Policies
X	Public Housing De-concentration and Income Mixing Documentation: 1. PHA board certifications of compliance with de-concentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required de-concentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	3,790	5	5	5	2	4	2
Income >30% but <=50% of AMI	4,400	4	3	4	2	4	2

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income >50% but <80% of AMI	7,253	2	2	2	2	2	1
Elderly	2,860	2	1	1	2	1	1
Families with Disabilities	15,025	4	5	3	3	2	4
Race/Ethnicity - White Non-Hisp	11,368	3	3	3	2	2	2
Race/Ethnicity – Black Non-Hisp	2,315	4	3	4	2	2	4
Race/Ethnicity	1,377	4	3	4	2	2	4
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2005-2010
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset 2000
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

**B. Housing Needs of Families on the Public Housing and Section 8
Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	288		0
Extremely low income <=30% AMI	248	86	
Very low income (>30% but <=50% AMI)	27	9	
Low income (>50% but <80% AMI)	13	5	
Families with children	207	72	
Elderly families	41	14	
Families with Disabilities	107	37	
Race/ethnicity: White/Hispanic	103	36	
Race/ethnicity: Black/Non Hispanic	182	63	
Race/ethnicity: Indian	3	1	
Race/ethnicity: Other	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 8 months Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	414		71
Extremely low income <=30% AMI	396	96	
Very low income (>30% but <=50% AMI)	16	4	
Low income (>50% but <80% AMI)	2	0	
Families with children	244	59	
Elderly families	52	13	
Families with Disabilities	88	21	
Race/ethnicity: White/Hispanic	86	21	
Race/ethnicity: Black/Non Hispanic	321	78	
Race/ethnicity: Indian	2	0	
Race/ethnicity: Other	5	1	
Characteristics by Bedroom Size			

Housing Needs of Families on the Waiting List			
(Public Housing Only)			
1BR	170	41	11
2 BR	68	16	20
3 BR	152	37	30
4 BR	24	12	10
5 BR	0	0	0
5+ BR	0	0	0
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 1 & 2 bedroom If yes: How long has it been closed (# of months)? 12 months Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency’s reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA’s selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	\$ 1,154,622	
b) Public Housing Capital Fund	\$ 796,913	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$ 700,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$0	
g) Resident Opportunity and Self-Sufficiency Grants	\$0	
h) Community Development Block Grant	\$0	
i) HOME	\$0	
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
2. Prior Year Federal Grants (un-obligated funds only) (list below)		
FL29P016501-4	\$ 301,840	
3. Public Housing Dwelling Rental Income		
	\$ 443,925	
4. Other income (list below)		
a) Tenant charges and laundry	\$ 3,000	
b) Interest	\$ 500	
4. Non-federal sources (list below)		
Total resources	\$ 3,400,800	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (10-15)
- When families are within a certain time of being offered a unit: (60 days)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history

- Housekeeping
 Other (describe)

- c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
 Sub-jurisdictional lists
 Site-based waiting lists
 Other (describe)

- b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
 PHA development site management office
 Other (list below)

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 06

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
 If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously?
 If yes, how many lists? 3

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
 All PHA development management offices
 Management offices at developments with site-based waiting lists

- At the development to which they would like to apply
- Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Over-housed
- Under-housed
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

Transfers to accommodate accessibility in accordance with 504 will be given priority. To mitigate vacancies while promoting housing which meets the needs of tenants in possession, the SHA will implement a transfer policy that establishes 1 unit transfer for every 4 units readied for re-occupancy (1 in 4 ratio). Priorities for unit transfers will occur in the numbered order identified in this section (4)(b). *Emergencies*, inclusive of any required transfers to satisfy legal disputes, will supercede this transfer policy/priorities.

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s): (list below)
Elderly Family

Disabled persons or families with a disabled member as defined by the ACOP and HUD regulations.

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing

Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden

Other preferences (select all that apply)

- 1 Working families and those unable to work because of age or disability
 Veterans and veterans' families
 Residents who live and/or work in the jurisdiction
 Those enrolled currently in educational, training, or upward mobility programs
 Households that contribute to meeting income goals (broad range of incomes)
 Households that contribute to meeting income requirements (targeting)
 Those previously enrolled in educational, training, or upward mobility programs
 Victims of reprisals or hate crimes
 1 Other preference(s) (list below)
Disabled persons or families with disabled member as defined by the ACOP and HUD Regulations

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
 Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
 The PHA's Admissions and (Continued) Occupancy policy
 PHA briefing seminars or written materials
 Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
 Any time family composition changes
 At family request for revision
 Other (list)

(6) De-concentration and Income Mixing

- a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote de-concentration of poverty or income mixing?
- b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote de-concentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve de-concentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
- d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for de-concentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage de-concentration of poverty and income-mixing
- Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below: Lake Monroe Terrace

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
 List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.
Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
 Criminal and drug-related activity, more extensively than required by law or regulation
 More general screening than criminal and drug-related activity (list factors below)
 Other (list below)

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
 Other (describe below)

SHA will provide a prospective landlord contact information for the current and most previous landlord to the extent such information is known or made available to the SHA.

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
 Federal public housing
 Federal moderate rehabilitation
 Federal project-based certificate program
 Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
 Other (list below)

(3) Search Time

a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

SHA will grant an extension of 30 days, with option of the SHA to extend for an additional 30 days when family submits documentation of *extenuating circumstances* that seriously inhibits the family's ability to search for a unit, not to exceed 120 days total. Such circumstance may include: death of immediate/nuclear family member; military or jury duty; hospitalization; job assignment which required them to be away from area for an extended (10 working days) period of time.

(4) Admissions Preferences

a. Income targeting

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

- Elderly Preference
- Disability Preference

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- 1 Working families and those unable to work because of age or disability
- Veterans and veterans' families

- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- 1 Other preference(s): (list below)
Elderly Family
 - Elderly Preference
 - Disability Preference

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
 \$1-\$25
 \$26-\$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

Yes for all developments

Yes but only for some developments

No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- Other (list below)

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-**

based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
 100% of FMR
 Above 100% but at or below 110% of FMR
 Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
 The PHA has chosen to serve additional families by lowering the payment standard
 Reflects market or submarket
 Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
 Reflects market or submarket
 To increase housing options for families
 Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
 Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
 Rent burdens of assisted families
 Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	100
Public Housing	372	36
Section 8 Vouchers	89	3
Section 8 Portables	210	5
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program	372	100

(PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

- **Admissions and Continued Occupancy Policy**
- **Maintenance Policies and Procedures**
- **Administrative Policies**
- **Financial Management Policies**
- **Resident Briefing Booklet**
- **Community Service and Self-Sufficiency Policy**

(2) Section 8 Management: (list below)

- **Section 8 Administrative Plan**
- **Section 8 briefing materials**

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
 PHA development management offices
 Other (list below)
 Section 8 Office

B. Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment B (*Filename FL06b01*)

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
 b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - Revitalization Plan under development
 - Revitalization Plan submitted, pending approval
 - Revitalization Plan approved
 - Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.) Plan to dispose of two commercial buildings (non-dwelling), the Day Care Center and the Cosmetology building.

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Day Care Center & Cosmetology Building
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

<p>5. Number of units affected:</p> <p>6. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>
<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Projected end date of activity:</p>

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHA’s completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
<p>1a. Development name: Redding Gardens</p> <p>1b. Development (project) number: FL29P016006 (All 100 units at Redding Garden) and FL29P016001 (24 units: Units #103-121)</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/></p>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input checked="" type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: <u>(01/30/07)</u></p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 124</p> <p>7. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development: Castle Brewer Court</p> <p><input checked="" type="checkbox"/> Total development: Redding Gardens</p>

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
<p>1a. Development name:</p> <p>1b. Development (project) number:</p>
<p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p>

<input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <ul style="list-style-type: none"> <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <ul style="list-style-type: none"> <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for

each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
The Harbor Literacy and Youth Alternatives	120	Open	Castle Brewer Curt, Edward Higgins & Cowan Moughton	Public Housing
Goldsboro Front Porch, Inc. Economic, educational and self-sufficiency classes, such as computer training, GED classes, etc	10	Open	1305 W. 13 th Street Sanford Florida	Both
The Central Florida Dream Center – budget classes, credit counseling, housekeeping, etc	30	Both open & specific criteria	540 Pecan Ave. Sanford Fl.	Both

The Grove Counseling Center, Inc – drug prevention, parenting skills, life skills, etc	25	Both open & specific Criteria	1550 S. French Ave. Sanford Fl	Both
Goodwill Self-Sufficiency Job Center	30	Open	112 S. Sanford Avenue Sanford Fl.	Both
Workforce of Central Florida - Employment assistance	25	Open	1097 Sandpond Road Lake Mary, Fl	Both
Seminole Community College	25	Open	100 Weldon Blvd. Sanford Fl	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 4/15/04)
Public Housing	0	0
Section 8	30	0

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

Operation of a Police Substation and Tutoring Center at #16 Cowan Moughton Terrace.

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

**Lake Monroe Terrace
 Cowan Moughton Terrace
 Edward Higgins Terrace
 William Clark Court**

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime-and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**Redding Gardens
 William Clark Court
 Castle Brewer Court
 Lake Monroe Terrace
 Cowan Moughton Terrace
 Edward Higgins Terrace**

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

The City Mayor has appointed the Captain of Operations as a liaison to the Board of Commissioner

2. Which developments are most affected? (list below)

Redding Gardens
William Clark Court
Castle Brewer Court
Lake Monroe Terrace
Cowan Moughton Terrace
Edward Higgins Terrace

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

Description of Pet Policy

The pet policy is in the process of revision, however it is anticipated that the following provisions will be included in the new policy:

The pet policy will authorize residents, regardless of housing developments, to keep pets. It will set forth rules and guidelines regarding the type of pets that may be kept, registration of pets, their care, their behavior and remedies for violation of the pet policy and its rules.

- Except for birds, fish, hamsters and other miniature pets, only one pet may be kept in any one dwelling unit.
- Pets shall be limited to companion animals which are defined as domestic household pets such as dogs, cats, small caged birds, gerbils, small turtles, hamsters, rabbits and fish. There are size limits on pets and rules for caging and/or physical restraints on pets, as well as birth control and vaccination.
- Reptiles, exotic animals and birds of prey are not considered household pets and may not be kept as a pet at any time.
- No aggressive or vicious animal may be kept as a pet at any time. This includes, but is not limited to Rotweilers pit bulls, Dobermans, Siberian huskies, wolves or wolf-mixes, etc.

- Mature cats may not exceed 18 pounds. Mature dogs may not exceed 40 pounds.
- Residents must complete a pet application and registration prior to the initial possession of a pet. Annual registration of the pet is required.
- The pet deposit is \$300 for a dog or cat.
- Dogs and cats must be licensed by the municipality.
- Dogs and cats over six months of age must be sprayed or neutered.
- Pets must be confined or on a leash. Owners are responsible for immediately cleaning up pet waste.
- All pet care and treatment must be in conformance with local ordinances.
- Pets shall not interfere with other residents' quiet enjoyment of the premises. Pets are not allowed to become nuisances.
- Certified guide, signal, or service dogs may be kept by persons with visual. Hearing or physical disabilities. Owners and tenants are responsible for visiting pets.
- Pet owners must indemnify the SHA and hold it harmless against loss or liability.
- The pet policy is a provision of the dwelling lease. Violation of the pet policy is a violation of the lease.
- Enforcement of the pet policy shall be carried out in the manner of enforcement of the lease.

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? 2

5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
- Not applicable
- Private management
- Development-based accounting
- Comprehensive stock assessment
- Other: (list below)

Major capital improvements to enhance marketability and long term viability

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below:
3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.) ***Sanford Housing Authority is under HUD Receivership. PHA Board of Commissioners either resigned or was terminated prior to HUD takeover.***

2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

- Representatives of all PHA resident and assisted family organizations
- Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (Seminole County)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

- The SHA will continue to operate and build capacity to expand the Section 8 program. This is consistent with the Consolidated Plan objective addressing underserved needs by “expanding the supply of affordable rental units.” *Page 50 of Consolidated Plan.*
- The SHA will continue to work to “foster public housing improvements and resident initiatives” by increasing resident involvement. This is consistent with the Consolidated Plan objective. *Page 51.*
- The SHA will continue to outreach to minority and women owned businesses as stated in the agency’s Procurement Policy. This is consistent with the Consolidated Plan objective for addressing minority business outreach by continue to “promote participation by businesses owned by minorities, women and disabled persons.” *Page 53*

- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Seminole County states that it will support the application of Sanford Housing Authority for funding under competitive grant programs wherever possible. *Page 46, 3.4.12* of the Consolidate Plan.

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

1. Resident Advisory Board Members

Membership on the Resident Advisory Board is open to any Public Housing Resident or Section 8 Participant who wants to participate in the planning and comment process. The following is a list of such persons that attended at least one of the three Annual Plan meetings of the Board, RAB and the Public.

Name	Address	Program
Hazel Foster	711 Windchase Blvd. Sanford Florida 32773	Section 8
Dale Henderson	P.O. Box 4233 Sanford Florida 32771	Section 8
Erma Coleman	2450 Granby St. Sanford Florida 32771	Section 8
Johnny Payne	505 Cypress Avenue Sanford Florida 32771	Section 8
Edna Burden	423 Old England Loop Sanford Florida 32773	Section 8
Felicia Fayson	9208 Fox Quarry Lane Sanford Florida 32773	Section 8
Estella Peterson	29 Cowan Moughton Terrace, Sanford Florida 32771	PHA
Gloria Sermon	1 Cowan Moughton Terrace Sanford Florida 32771	PHA
Barbara Green	95 Castle Brewer Court Sanford Florida 32771	PHA
Angelina Inman	10 Cowan Moughton Terrace Sanford Florida 32771	PHA
Ethel Tomlin	18 William Clark Court Sanford Florida 32771	PHA
Chirita Forrest	80 Lake Monroe Terrace Sanford Florida 32771	PHA
Margaret Childs	400 S. Locust #74 Sanford Florida 32771	PHA

1. Public Comments: NONE

2. Deviations From and Modifications to the Agency Plan

The Agency Plan is a living document, which shall serve to guide SHA operations and resource management. In the event that circumstances or priorities necessitate actions, which would represent a substantial departure from the goals, objectives, timetables or policies as set forth in the plan, the SHA will invite resident review and input prior to taking actions that would implement such substantial changes.

Development of subsequent Annual Plans shall be vehicle through which updates and minor or routine modifications to the Agency Plan are made. On an annual basis the SHA will review its progress toward the achievement of its goals and objectives as set forth in the Agency Plan. It will also evaluate whether the remaining goals and objectives, and the existing policies and procedures, adequately address the needs of its constituents, stakeholders and the agency. To the extent that those needs are not met by the elements of the existing Agency Plan, the subsequent Annual Plan shall be written to reflect changes to goals, objectives, policies and procedures to address those needs.

In the event that the elements of the subsequent annual plan represent a significant departure from those of the existing Agency Plan, a Significant Amendment or Modification to the Agency Plan will be undertaken. Under these circumstances, a full and participatory planning process will be used to obtain resident and stakeholder input. A draft of the substantially modified Agency Plan will be subject to the public review, comment, and hearing process.

The SHA will honor the current HUD definitions of Substantial Deviation and Significant Amendment, including but not limited to:

- Changes to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- Additions of new activities not included in the current PHDEP Plan; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by the SHA.

1. Other Information to the Agency Plan Concerning RASS Follow up plan FYE 2005

- **Communication:** Residents expressed through the RASS that Management performs poorly in issuing communications to the tenants.
 - SHA has instituted a new re-organization that will effectively promote a better communication with our tenants. Under this new re-organization there are now Housing Management offices at Cowan Moughton, which will concentrate on Lake Monroe Terrace, Cowan Moughton and Edward Higgins Terrace; The other Housing Management Office is located at Castle Brewer Court, that will concentrate on Castle Brewer Court and William Clark Court. The third office is located at Redding Gardens. Each Office is manned with Housing Management staff, these offices provide tenant with on site staff that will effectively enhance all phases of communications. SHA is in the process in making amendments to the ACOP and will incorporate written procedures that will enhance SHA's ability to communicate with tenants. In addition, SHA's Executive Director is in attendance to all resident council meetings, as another means to promote communication with tenant groups and as addition outreach activities.

- **Safety:** Residents expressed their concerns with various safety components.
 - Police Response is slow; SHA has a newly appointed Board of Commissioners. The Mayor has also appointed two city members as liaisons. The Police Department has appointed a high ranking Officer as liaison. SHA has developed a stronger working relationship with the Sanford Police Department and will be able to address these concerns effectively.
 - Too many vacant units; Tenants expressed a concern regarding the availability of so many vacant units. SHA has instituted an aggressive vacancy reduction plan. Aside from a million dollar loan for accelerated modernization activities, SHA has instituted a small vacancy turn over crew. As of the date of this submission SHA's occupancy rate is at 95%, it is expected to reach 985 at the end of October 2005.
 - Bad Lighting and locks; Tenants expressed a concern regarding lighting and door locks. SHA will revise its CFP funding and activities to seek additional funding for these activities. SHA is taking some initial countermeasures, we have stated pruning of trees and cutting low branches that impedes light to illuminate back of buildings and common areas. In addition tenant associations are requesting that the weed and seed program is extended through out all complexes and a neighborhood watch is being discussed with tenant associations.

- Neighborhood Appearance: Residents expressed concerns regarding the neighborhood appearance. Not so much regarding their developments, the

concern is related to the surrounding neighborhoods of our developments. SHA will have to work closer with City and County officials to seek alternatives that will enhance the appearance of surrounding neighborhoods.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

ATTACHMENT “A”

***Description of Community
Service and Self-Sufficiency
Requirement***

Sanford Housing Authority
Community Service and Self-Sufficiency Requirement Policy

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contributes eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independent. This is a requirement of the Public Housing Dwelling Lease.

B. Eligible Community Service Activities

1. Eligible community service activities that can be performed include, but are not limited to:

- a) Work at a local public or non-profit institution, including but not limited to: a local school, Head start, before- and after-school program, childcare center, hospital, hospice, nursing home, recreation center, senior center, adult day care program, homeless shelter, feeding program, food bank (distributing either donated or commodity foods), or clothes closet (distributing donated clothing), etc;
- b) Work with a non-profit organization that serves SHA residents or their children, including but not limited to: Boys or Girls Scouts, Boys or Girls Club, 4-H Club, PAL, other children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Center, Community clean-up programs, Beautification programs, etc;
- c) Work with any program funded under the Older Americans Act, including but not limited to: Green Thumb, Service Corps of Retired Executives, Senior meals programs, Senior Center, Meals-on Wheels, etc;
- d) Work with any other public or non-profit youth or senior organizations;
- e) Work as an officer of a development or city-wide resident organization;
- f) Work as a member of the Resident Advisory Board;
- g) Work at the SHA to help improve physical conditions;
- h) Work at the Sanford Housing Authority (SHA) to help with children's programs;
- i) Work at the SHA to help with senior programs;
- j) Helping neighborhood groups with special projects;
- k) Working through resident organization to help other residents with problems; serving as an officer in a Resident Organization; serving on the Resident Advisory Board; and
- l) Caring for the children of other residents so they may volunteer.

- NOTE: Political activity is excluded.

A. Eligible Self-Sufficiency Activities

1. Eligible self-sufficiency activities in which residents may engage include, but are not limited to:

- m) **Job readiness programs;**
- n) **Job training programs;**
- o) **Skills training;**
- p) **GED classes;**
- q) **Higher education (Junior college or college/university);**
- r) **Apprenticeships (formal or informal);**

- s) Substance abuse or mental health counseling;
- t) English proficiency or literary (reading) classes;
- u) Budgeting and credit counseling;
- v) Any kind of class that helps a person toward economic independence;
- w) Full-time student status at any school, college or vocational school; and
- x) Carrying out any activity required by the Department of Public Assistance as part of welfare reform.

A. Exempt Residents

The Community Service and Self-Sufficiency requirement applies to all adult residents in public housing except for those exempted under Section 12(c) of the Act. This requirement does not apply to Section 8 tenants.

1. Public housing residents exempt from the Community Service and Self-Sufficiency Requirement are those:

- y) Age 62 years or older
- z) Persons with disabilities and certifies that, based on the disability, he or she cannot comply with the requirement;
- aa) Primary caretakers of a person with disability who has certified that based on the caretaker's responsibility, he or she cannot comply with the requirement;
- bb) Currently working at least 30 hours per week;
- cc) Engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
 - 1. Unsubsidized employment;
 - 2. Subsidize private-sector employment;
 - 3. Subsidized public-sector employment;
 - 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
 - 5. On-the job-training;
 - 6. Job-search and job-readiness assistance;
 - 7. Community service programs;
 - 8. Vocational educational training (not to exceed 12 months with respect to any individual);
 - 9. Job-skills training directly related to employment;
 - 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
 - 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence; in the case of a

recipient who has not completed secondary school or received such a certificate; and

12. **The provision of childcare services to an individual who is participating in a community service program.**

dd) **Meet the requirements for being exempt from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.**

ee) **If a member of a family receiving TANF assistance, benefits, or service under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.); or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program and has not been found by the State or other administering entity to be in non-compliance with such program.**

E. Requirements of the Program

1. The eight hours per month may be either volunteer work or self-sufficiency program activity or a combination of the two.
2. At least eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The SHA will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the SHA.

F. Family Obligations

At the time of Lease execution or re-examination on or after November 14, 2003, all adult members (18 years or older) of a public housing resident family must:

1. **Provide documentation that they are exempt from the Community Service and Self-Sufficiency Requirement.**
2. **Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service and Self-Sufficiency Requirement will result in non-renewal of their Lease.**
3. **At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Sanford Housing Authority) of activities performed over the previous 12 months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.**

4. **If a family member is found to be non-compliant at re-examination, he/she and the Head of Household must sign an agreement with the SHA to make up the deficient hours over the next 12-month period.**

G. Change in Exempt Status

4. **If, during the 12-month period, a non-exempt person becomes exempt, it is his/her responsibility to report their new “exempt” status to the SHA and provide documentation to support their status.**
5. **If, during the 12-month period, an exempt person becomes non-exempt, it is his/her responsibility to report their new “non-exempt” status to the SHA. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.**

H. Sanford Housing Authority’s Obligations

1. To the greatest extent possible and practical, the SHA will:

- b) **Provide names and contacts of agencies that can provide opportunities for residents to fulfill their Community Service and Self-Sufficiency requirements.**
- c) **Provide in-house opportunities for volunteer work or self-sufficiency programs.**
2. **The SHA will provide the family with exemption verifications forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.**
3. **The SHA will make the final determination as to whether or not a family member is exempt from the Community Service and Self-Sufficiency Requirement. Residents may use the SHA’s Grievance Procedure if they disagree with the SHA’s determination.**

I. Non-compliance of Family Member

1. **At least 30 days prior to annual re-examination and/or lease expiration, the SHA will begin reviewing the exempt or non-exempt status and compliance of family members.**
2. **If the SHA finds a family member to be in non-compliance, the SHA must enter into an agreement with the non-compliant member and the Head of Household to make up the deficient hours over the next 12-month period.**

1. **If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the non-compliant member agrees to move out of the unit.**

2. **The family may use the SHA's Grievance Procedure to protest the lease termination.**

Sanford Housing Authority
Record and Certification of Community Service and Self-Sufficiency Requirement
Activities

Resident Name: _____ **Address:** _____
SSN: _____

<u>Date of Activity</u> <u>Month/Day/Year</u>	<u>Type of Service</u> <u>Activity</u>	<u>Type of</u> <u>Training</u> <u>Program</u>	<u>Type of</u> <u>Educational</u> <u>Program</u>	<u># of</u> <u>hours</u>	<u>Name of Company</u> <u>or Organization</u>	<u>Signature of Super</u> <u>Official / Telephone</u>
EXAMPLE <u>11/23/03</u>	<u>Community</u> <u>Service</u>	<u>Resident</u> <u>Capacity</u> <u>Building</u>		<u>8</u>	<u>My Town</u> <u>Resident Council</u>	<u>Jane Doe</u> <u>Resident Initiative</u> <u>407-555-2300</u>

Total hours should equal 96: (8 hours per month x 12)

Community Service and Self-Sufficiency Requirement
Compliance Certification

**I/We have received a copy of the contents of the Sanford Housing Authority's
Community Service and Self-Sufficiency Requirement Policy. I/we have read and
understand the requirements of the Policy.**

**I/We understand that this is a requirement of the Quality Housing and Work
Responsibility Act of 1998 and that if I/we do not comply with this requirement,
my/our lease will not be renewed.**

Resident: _____ Date: _____

Signature: _____

Resident: _____ Date: _____

Signature: _____

Resident: _____ Date: _____

Signature: _____

ATTACHMENT “B”

SHA’s Exigent Health and Safety Corrective Actions

APPENDIX 1 - ITEM WEIGHTS AND CRITICALITY LEVELS
AREA : SITE

Exigent Health and Safety	Observed Deficiency	Corrective action Taken
---------------------------	---------------------	-------------------------

Note: All life threatening work orders or observations are considered emergencies and corrected in 24 hours or less.

Health and Safety	Electrical Hazards-Exposed Wires/Open Panel	Cut power to prevent shocking Install correct panel cover
--------------------------	---	--

APPENDIX 1 - ITEM WEIGHTS AND CRITICALITY LEVELS
AREA : BUILDING EXTERIOR

Exigent Health and Safety	Observed Deficiency	Corrective action Taken
---------------------------	---------------------	-------------------------

Note: All life threatening work orders or observations are considered emergencies and corrected in 24 hours or less.

Fire Escapes	Blocked Egress/Ladders	Remove all obstacles and apparatus from fire escapes
	Visibility Missing Components	Install locks and balances and missing or broken glass

Health and Safety	Electrical Hazards-Exposed Wires/Open Panel	Cut power to prevent shocking Install correct panel cover
	Electrical Hazards - Water Leaks on/near Electrical Equipment	Cut power to prevent shocking, repair any leaks and inspect all electrical equipment for possible damage and repair if needed.
	Emergency Fire Exits - Missing Exit Signs	Re-install all missing exit signs with regulation type signage

Windows	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
----------------	---------------------------------------	---

APPENDIX 1 - ITEM WEIGHTS AND CRITICALITY LEVELS
 AREA : BUILDING SYSTEMS

Exigent Health and Safety	Observed Deficiency	Corrective action Taken
Note: All life threatening work orders or observations are considered emergencies and corrected in 24 hours or less		
Domestic Water	Misaligned Ventilation System	Realign/attach per code
Electrical System	Missing Breakers	Install all missing breakers with new and compatible units
HVAC	Missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code

APPENDIX 1 - ITEM WEIGHTS AND CRITICALITY LEVELS
 AREA : COMMON AREAS

Exigent Health and Safety	Observed Deficiency	Corrective action Taken
Note: All life threatening work orders or observations are considered emergencies and corrected in 24 hours or less.		
Basement/Garage/Carport	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Close/Utility/Mechanical	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent	If security bars are present and

	Ingress /Egress	approved, all Breakaway apparatus be in working condition.
Community Room	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
Community Room (cont.)	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Day Care	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Halls/Corridors/Stairs	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code

	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Health and Safety	Air Quality - Propane/Nat'l Gas	Call proper authorities, extinguish flames, remove personnel
	Methane Gas Detected	
	Electrical Hazards - Exposed Wires/Open Panes	Cut power to prevent shocking Install correct panel cover
	Electrical Hazards - Water Leaks on/near Electrical Equipment	Cut power to prevent shocking, repair any leaks and inspect all electrical equipment for possible damage and repair if needed.
Kitchen	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Laundry Room	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code

	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Lobby	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Missing/misaligned Chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
HVAC	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Other Community Spaces	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units

	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Patio/Porch/Balcony	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Restrooms/Pool Structures	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
Restrooms/Pool Structures (cont.)	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.
Storage	Gas Fired unit missing/misaligned chimney	Realign/install per code
	Smoke detector - Missing/ Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
	Security Bars Prevent	If security bars are present and

Ingress /Egress

approved, all Breakaway apparatus be in working condition.

APPENDIX 1 - ITEM WEIGHTS AND CRITICALITY LEVELS

AREA : UNIT

Exigent Health and Safety	Observed Deficiency	Corrective action Taken
---------------------------	---------------------	-------------------------

Note: All life threatening work orders or observations are considered emergencies and corrected in 24 hours or less.

Electrical System	Electrical missing breakers	Install all missing breakers with new and compatible units
	Electrical missing covers	Install missing covers with UL approved units
Health & Safety	Air quality - Propane/Nat'l Gas	Call proper authorities, extinguish
	Methane Gas Detected	flames, remove personnel
	Electrical Hazards - Exposed Wires/Open Panels	Cut power to prevent shocking Install correct panel cover
	Electrical Hazards - Water leaks on or near Electrical Equipment	Cut power to prevent shocking, repair any leaks and inspect all electrical equipment for possible damage and repair if needed.
Hot Water Heater	Gas Fired unit missing/misaligned chimney	Realign/install per code
HVAC System	Gas Fired unit missing/misaligned chimney	Realign/install per code
Smoke Detector	Missing/Inoperable	Reinstall new smoke detector and/or batteries if unit is still operable.
Windows	Security Bars Prevent Ingress /Egress	If security bars are present and approved, all Breakaway apparatus be in working condition.

ATTACHMENT “C”

PHA Plan Table Library

**Component 7
Capital Fund Program Annual Statement
Parts I, II, and II**

**Annual Statement
Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number FL29P016501 FFY of Grant Approval: (06/2005)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	159,382.00
3	1408 Management Improvements	4,000.00
4	1410 Administration	48,300.00
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	1,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	20,000.00
10	1460 Dwelling Structures	111,417.00
11	1465.1 Dwelling Equipment-Nonexpendable	18,000.00
12	1470 Non-dwelling Structures	
13	1475 Non-dwelling Equipment	22,000.00
14	1485 Demolition	25,000.00
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1501 Loan Payment	387,814.00
20	1502 Contingency	
21	Amount of Annual Grant (Sum of lines 2-19)	796,913.00
22	Amount of line 20 Related to LBP Activities	
23	Amount of line 20 Related to Section 504 Compliance	

24	Amount of line 20 Related to Security	
25	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-001	Castle Brewer			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
FY 2006 Kitchen Cabinets (25%)			\$82,500	11/01/06
FY 2006 Security Screens (25%)			\$150,000	11/01/06
Bathroom Ceramic Tile around Tub FY 2006			\$10,000	11/01/06
FY 2007 Kitchen Cabinets (25%)			\$ 82,500	11/01/07
Bathroom Ceramic Tile around Tub FY 2008			\$ 25,000	11/01/08
Interior Plumbing			\$ 40,000	11/01/08
Exterior Plumbing			\$10,000	11/01/08
Sewer Line Replacement			\$60,000	11/01/09
AIA for New Office FY 2009			\$ 150,000	11/01/09
New Office Set Aside FY 2007			\$250,000	11/01/10
Remaining Funds for New Office FY 2008				
Total estimated cost over next 5 years			\$ 870,000	
Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-001	Castle Brewer		0%	

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
FY 2006 Kitchen Cabinets (25%)	\$82,500	11/01/06
FY 2006 Security Screens (25%)	\$150,000	11/01/06
Bathroom Ceramic Tile around Tub FY 2006	\$10,000	11/01/06
FY 2007 Kitchen Cabinets (25%)	\$ 82,500	11/01/07
Bathroom Ceramic Tile around Tub FY 2008	\$ 25,000	11/01/08
Interior Plumbing	\$ 40,000	11/01/08
Exterior Plumbing	\$10,000	11/01/08
Sewer Line Replacement	\$60,000	11/01/09
AIA for New Office FY 2009	\$ 150,000	11/01/09
New Office Set Aside FY 2007	\$250,000	11/01/10
Remaining Funds for New Office FY 2008		
Total estimated cost over next 5 years	\$ 870,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-002	William Clark Court		0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Security Window Screens			\$100,000	11/01/07
Security Screen Doors			\$50,000	11/01/07
Parking/Street Improvements, Dumpster Enclosure, Playground and sidewalks			\$ 75,000	11/01/08
New Attic Fans			\$ 35,000	11/01/08
Total estimated cost over next 5 years			\$210,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29P016-003	Edward Higgins Terrace	3	7%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Kitchen Cabinets		\$33,000	11/01/07
Parking and sidewalk Improvements		\$35,000	11/01/08
Bath Renovation		\$20,000	11/01/07
Total estimated cost over next 5 years		\$ 68,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-004	Cowan Moughton Terrace	21	60%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Parking, Sidewalk and Landscaping Improvements			\$ 15,000	11/01/07
Total estimated cost over next 5 years			\$ 15,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-005	Lake Monroe Terrace	5	5%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer Repairs			\$5,000	11/01/06
Security Window Screens			\$25,000	11/01/06
Total estimated cost over next 5 years			\$30,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29P016-006	Redding Garden	6	6%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair/Replace Stairs		\$ 50,000	11/01/06
Furnaces		\$20,000	11/01/07
Furnaces		\$20,000	11/01/08
General Site Improvements (Dumpster Enclosure, Sidewalks, & Parking)		\$10,000	11/01/09
Total estimated cost over next 5 years		\$100,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
PHA WIDE	ALL UNITS	66	14%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Amortization of Multiple Year Loan FY 2006			\$387,814	9/30/06
Refrigerators			\$9,000	11/01/06
Ranges			\$9,000	11/01/06
Amortization of Multiple Year Loan FY 2007			\$387,814	9/30/07
Refrigerators			\$9,000	11/01/07
Ranges			\$9,000	11/01/07
Amortization of Multiple Year Loan FY 2008			\$387,814	9/30/08
Refrigerators			\$9,000	11/01/08
Ranges			\$9,000	11/01/08
Amortization of Multiple Year Loan FY 2009			\$387,814	9/30/09
Refrigerators			\$9,000	11/01/09
Ranges			\$9,000	11/01/09
Security			\$20,000	11/01/09
Handrails			\$10,000	11/01/09
Landscape			\$20,000	11/01/06
Interior Paint			\$30,000	11/01/07
Total estimated cost over next 4 years			\$1,653,256	



***HOUSING AUTHORITY OF THE CITY OF
SANFORD***

ACOP

**ADMISSIONS AND CONTINUED
OCCUPANCY POLICY**

94 Castle Brewer Court
Sanford, Florida 32771
(407) 323-3150

*Sanford Housing Authority
ACOP Manual – Rev./2006*

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STATEMENT OF POLICIES AND OBJECTIVES

INTRODUCTION

The Public Housing Program was created by the U.S. Housing Act of 1937. Administration of the Public Housing Program and the functions and responsibilities of the Housing Authority of the City of Sanford) shall be in compliance with the SHA's Personnel Policy, and this Admissions and Continued Occupancy Policy. The administration of the SHA's public housing program will also meet the requirements of the Department of Housing and Urban Development. Such requirements include any Public Housing Regulations, Handbooks, and applicable Notices. All applicable Federal, State and local law, including Fair Housing Laws and regulations also apply. Changes in applicable Federal laws or regulations shall supersede provisions in conflict with this policy. Federal regulations shall include those found in Volume 24 Code of Federal Regulation (CFR), Parts 1, 5, 8, 100 and 900-966.

A. HOUSING AUTHORITY MISSION STATEMENT

The mission of the Housing Authority of the City of Sanford (SHA) is to be the area's affordable housing choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services in a non-discriminatory manner.

Purpose of the Policy

The purpose of this Admissions and Continued Occupancy Policy (ACOP) is to establish policies and procedures for the public housing authority staff to follow in determining family eligibility for admissions and continued occupancy. These guidelines are governed by the requirements of the U.S. Department of Housing and Urban Development (HUD) with some latitude for local policies and procedures. These policies and procedures for admissions and continued occupancy are binding upon applicants, residents, and the SHA.

The SHA Board of Commissioners must approve the original policy and any subsequent changes. Required portions of this Policy will be provided to HUD.

B. LOCAL OBJECTIVES

This Admissions and Continued Occupancy Policy for the Public Housing Program is designed to demonstrate that the SHA is managing its program in a manner that reflects its commitment to improving the quality of housing available to its public, and its capacity to manage that housing in a manner that demonstrates its responsibility to the public trust. In addition, this Admissions and Continued Occupancy Policy is designed to achieve the following objectives:

- To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level.
- To operate a socially and financially sound public housing agency that provides decent, safe, and sanitary housing within a drug free, suitable living environment for tenants and their families.
- To avoid concentrations of economically and socially deprived families in any one or all of the SHA's public housing developments.

- To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to SHA employees.
- To attempt to house a tenant body in each development that is composed of families with a broad range of incomes and rent-paying abilities that are representative of the range of incomes of low-income families in the SHA's jurisdiction.
- To provide opportunities for upward mobility for families who desire to achieve self-sufficiency.
- To facilitate the judicious management of the SHA's inventory, and the efficient management of the SHA staff.
- To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

C. **FAIR HOUSING POLICY**

It is the policy of the Sanford Housing Authority to fully comply with all Federal, State and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The SHA will comply with all laws relating to Civil Rights, including:

- Title VI of the Civil Rights Act of 1964
- Title VIII of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988)
- Executive Order 11063
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975
- Title II of the Americans with Disabilities Act (to the extent that it applies, otherwise Section 504 and the Fair Housing Amendments govern)

Any applicable State laws or local ordinances, and any legislation protecting individual rights of tenants, applicants or staff that may subsequently be enacted. The SHA shall not discriminate because of race, color, sex, religion, creed, national or ethnic origin, age, marital or familial status, sexual orientation, handicap, or disability in the leasing, rental, or other disposition of housing or related facilities, including land, that is part of any project or projects under the SHA's jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937, as amended, or in the use or occupancy thereof.

Posters and housing information are displayed in locations throughout the SHA's office in such a manner as to be easily readable from a wheelchair.

- To further its commitment to full compliance with applicable Fair Housing laws, the SHA will provide Federal/State/local information to public housing residents regarding discrimination and any recourse available to them if they believe they are victims of discrimination. Such information will be initially available to them during the resident orientation session, and subsequently made available as part of their Annual Reexamination.

The SHA's main administrative office is located at 94 Castle Brewer Court. There is an on-site management office at Redding Garden, 400 S. Locust Street. All Administration Offices and the SHA sponsored after-school programs at Harbor Place I, II & III (Edward Higgins Terrace, 88 and 94 Castle Brewer Court) have been retrofitted for handicapped accessibility to persons with disabilities. The TDD telephone service provider provides accessibility for the hearing impaired.

The SHA shall not, on account of race, color, sex, religion, creed, national or ethnic origin, age, marital or familial status, sexual orientation, handicap or disability:

- Deny to any family the opportunity to apply for housing, nor deny to any qualified applicant the opportunity to lease housing suitable to its needs;
- Provide housing that is different from that provided to others;
- Subject a person to segregation or disparate treatment;
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
- Treat a person differently in determining eligibility or other requirements for admission; or
- Deny a person access to the same level of services.

The SHA shall not automatically deny admission to a particular group or category of otherwise qualified applicants (e.g., families with children born to unmarried parents, elderly families with pets).

D. SERVICE AND ACCOMMODATIONS POLICY

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the SHA housing programs and related services. When such accommodations are granted, it does not confer special treatment or advantage for the person with a disability; rather, it makes the program accessible to the person in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the SHA will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the SHA will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

It is the policy of the SHA to provide courteous and efficient service to all applicants for housing assistance. In that regard, the SHA will make reasonable efforts to accommodate persons with disabilities, as well as those persons with language and literacy barriers.

This policy of "reasonable accommodations" for persons with disabilities is applicable to all situations described in this Admissions and Continued Occupancy Policy when a family initiates contact with the SHA, when the SHA initiates contact with a family including when a family applies, and when the SHA schedules or reschedules appointments of any kind.

It is the policy of the SHA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to the families. The SHA's policies and practices will be designed to provide assurances that all persons with disabilities will be provided reasonable accommodation so that they may fully access and utilize our public housing program and related services. The availability of specific accommodations will be made known by including notices on SHA forms and letters to all families, and all requests will be verified so that the SHA can properly accommodate the need presented by the disability.

Communication

Anyone requesting an application will also receive a Request for Reasonable Accommodation form.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

Federal Americans with Disabilities Act of 1990

With respect to an individual, the term "disability," as defined by the 1990 Act means:

- A physical or mental impairment that substantially limits one or more of the major life activities of an individual; or
- A record of such impairment, or
- Being regarded as having such impairment.

Undue Hardship

Requests for reasonable accommodation from persons with disabilities will be granted upon verification that they meet the need presented by the disability and they do not create an "undue financial and administrative burden" for the SHA; meaning an action requiring "significant difficulty or expense."

In determining whether accommodation would create an undue hardship, the following guidelines will apply:

- The nature and cost of the accommodation needed;
- The overall current financial resources of SHA and the facility or facilities involved in the provision of the reasonable accommodation; and
- The number of persons currently employed at such facility, the number of families likely currently to need such accommodation, the effect on expenses and resources, or the likely impact on the operation of the facility as a result of the requested accommodation.

The SHA's determination of an "undue financial and administrative burden" does not preclude the family from financing the accommodation themselves.

Verification of a Request for Accommodation

All requests for accommodation or modification of a unit will be verified with a reliable, knowledgeable, professional qualified to render an informed decision on relationship between the disability and the requested accommodation.

Reasonable Accommodation

Reasonable accommodation will be made for persons with a disability who require an advocate or accessible offices. A designee will be allowed to provide some forms of information, but only with the written permission of the person with the disability.

The SHA may determine that a request for a reasonable accommodation does not meet the Federal definition and /or judicial standards of reasonable accommodation for persons with disabilities.

All SHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

Application Process

For purposes of this section, the SHA will make the following types of accommodations to persons with disabilities to facilitate the application process:

- Permitting the submission of applications or certification forms via mail.
- Permitting an authorized designee to participate in the application or certification process.
- Facilitating assisted listening devices/a certified sign language interpreter/a Braille interpreter/or others, as appropriate to the situation, to facilitate the application or certification process.

Home Visits

When requested and where the need for reasonable accommodation has been established, the SHA will conduct home visits to residents to conduct annual and interim re-certifications.

Requests for home visit re-certifications must be received by the SHA at least five (5) days before the scheduled appointment date in order for the request to be considered.

Other Accommodations

Upon request, the SHA will provide a list of organizations providing assistance for hearing- and sight-impaired persons.

Families will be offered an accessible unit, in the order described in Chapter 5, Section D – Accessible Units.

E. PROVIDING NON-ENGLISH DOCUMENTS

The SHA has bi-lingual staff to assist non-English speaking families in Spanish and will consider providing HUD forms in Spanish or other languages where such forms are available.

F. LANGUAGE ASSISTANCE

The SHA will refer persons with literacy barriers to appropriate community literacy programs for assistance with the completion of the application and certification process.

G. PUBLIC HOUSING ASSESSMENT SYSTEM (PHAS) OBJECTIVES [24 CFR 901 & 902]

The SHA is continuously assessing its public housing program and consistently strives to make improvements. The SHA acknowledges that its performance ratings are important to sustaining its capacity to maintain flexibility and authority. The SHA intends to diligently manage its current program operations and continuously make efforts to be in full compliance with PHAS, (or any successful evaluation program). The policies and procedures of this program are

established so that the standards set forth by PHAs are demonstrated and can be objectively reviewed by an auditor whose purpose is to evaluate local performance.

H. FAMILY OUTREACH

On a regular basis, the SHA will publicize and disseminate information to make known the availability of housing units and housing-related services for low-income families on a regular basis.

The SHA will communicate the status of housing availability to other service providers in the community. The SHA will advise them of housing eligibility factors and guidelines in order that they can make proper referrals for those who seek housing.

When the SHA's waiting list is open, the SHA will periodically publicize the availability and nature of housing assistance for very low income and low-income families in a newspaper of general circulation, including local minority publications and other suitable means.

- Notices will be provided in English and Spanish.
- To reach persons who cannot read the newspapers, the SHA will distribute fact sheets to the broadcast media and utilize non-paid public service announcements where available.

In order to diversify its tenant base, the SHA will aggressively market its public housing program to low income families who may not traditionally apply for public housing.

I. PRIVACY RIGHTS

Applicants and participants, including all adults in their households, are required to sign the form HUD-9886, "Authorization for Release of Information and Privacy Act Notice." This document incorporates the Federal Privacy Act Statement and describes the conditions under which HUD or/the PHA will release family information.

The SHA's policy regarding release of information is in accordance with State and local laws that may require or restrict the release of family information. The SHA's practices and procedures are intended to safeguard the privacy of applicants and tenants to the extent allowed under applicable State/Federal laws.

Family files are to be maintained in a secure and confidential manner.

- SHA staff will not discuss or access family information contained in files unless there is a business reason to do so.
- Staff will be required to disclose whether s/he has relatives living in Public Housing.
- Inappropriate discussion of family information or improper disclosure of family information by staff may result in disciplinary action.

J. POSTING OF REQUIRED INFORMATION

The SHA will maintain a bulletin board in a conspicuous area at the SHA Central Office, 94 Castle Brewer Court and Redding Garden Management Office, which will contain:

- Statement of policies and procedures governing Admissions and Continued Occupancy Policy or a notice of where the Policy is available.
- A notice of where the PHA 5-year Plan and SHA Annual Plan are available.
- General Information on Application Process.
- Notice of status of waiting list (opened or closed).
- Information about the SHA's housing sites including names, address of offices and office hours at each facility.
- Income limits for Admission.
- Excess Utility Charges.
- Current Schedule of Routine Maintenance Charges.
- Current Schedule of Utility Allowance (if applicable).
- A copy of the Lease.
- The SHA's grievance procedures.
- A Fair Housing Poster.
- An Equal Opportunity in Employment poster.
- Any current Sanford Housing Authority Notices.
- Required Public Notices.
- Security Deposit Charges.
- Information on Tenant Selection Preferences.
- Information on Screening and Eviction for Drug Abuse and other Criminal Activity.
- Fraud Hotline Information.
- SHA Mission Statement.
- Notices of Public Meetings as required under the Sunshine Law.

K. TERMINOLOGY

The Housing Authority of the City of Sanford, Florida is referred to as "PHA" or "Housing Authority" or "SHA" or "HA" throughout this document.

1. "Family" is used interchangeably with "Applicant," "Resident" or "Participant" or, can refer to a single person family.
2. "Tenant" is used to refer to participants in terms of their relation as a lessee to the PHA as the landlord.
3. "Landlord" refers to the PHA.
4. "Disability" is used where "handicap" was formerly used.
5. "Non-Citizens Rule" refers to the regulation effective June 19, 1995, restricting assistance to U.S. Citizens and eligible immigrants.

See Glossary for other terminology or housing terms.

Chapter 2

ELIGIBILITY FOR ADMISSION [24 CFR Part 960, Subpart B]

INTRODUCTION

This Chapter defines both HUD's and the SHA's criteria for admission and denial of admission to the Public Housing Program. The policy of the SHA is to strive for objectivity and consistency in applying these criteria to evaluate the qualifications of families who apply. The SHA staff will review all information provided by the family carefully and without regard to factors other than those defined in this Chapter. Families will be provided the opportunity to explain their circumstances, to furnish additional information, if needed, and to receive an explanation of the basis for any decision made by the SHA pertaining to their eligibility.

There are five eligibility requirements for admission to public housing: (1) qualifies as a family; (2) meets citizenship/eligible immigrant criteria; (3) has an income within the income limits; (4) provides documentation of Social Security numbers, and (5) meets the Sanford Housing Authority screening criteria in order to be admitted to public housing.

A. QUALIFICATION FOR ADMISSION

It is the SHA's policy to admit qualified applicants only. An applicant family is qualified upon successful verification of the following criteria:

- Is a “family” as defined in this Chapter;
- Heads of household where at least one member of the family is either a citizen or eligible non-citizen. (24 CFR Part 5, Subpart E).
- Has an annual income at the time of admission that does not exceed the low-income limit for occupancy, as established by HUD;
- Provides Social Security numbers for all family members, age 6 or older, (or written certification that a Social Security number has never been assigned); and
- Meets or exceeds the tenant Selection and Suitability Criteria, as set forth in this Policy.

Timing for the Verification of Qualifying Factors

The qualifying factors of eligibility will not be verified until the family is in a position on the waiting list to be offered a housing unit.

B. FAMILY COMPOSITION

Definition of Family [24 CFR Part 5.403]

The applicant must qualify as a “Family”. “Family” includes a single person or groups of persons.

Discrimination on the basis of familial status is prohibited, and a group of persons may not be denied solely on the basis that they are not related by blood, marriage or operation of law. For occupancy standards purposes, the applicant may claim a spousal type relationship with evidence that the relationship has existed for 2+ years.

Elderly, disabled, and displaced families are defined by HUD in 24 CFR Part 5.403

The term "Family" includes, but is not limited to:

- A **family with or without children**. (One person or more with or without minor children)
 - Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
- An **elderly family** is:
 - A family whose head, spouse, or sole member is a person who is at least 62 years of age;
 - Two or more persons who are at least 62 years of age living together; or
 - One or more persons who are at least 62 years of age living with one or more live-in aides;
- A **near elderly** family is:
 - A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
 - Two or more persons who are at least 50 years of age but below the age of 62 living together; or
 - One or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.
- A **disabled family** is:
 - A family whose head, spouse, or sole member is a person with disabilities;
 - Two or more persons with disabilities living together; or
 - One or more persons with disabilities living with one or more live-in aides.
- A **displaced family** is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
- The **remaining member of a tenant family**.

- A **single person** who is not elderly, displaced, or a person with disabilities, or the remaining member of a tenant family;

The temporary absence of a child from the home due to placement in foster care shall be considered in determining the family composition and family size. Upon timely verification that such minor child(ren) is expected to be reunited with the applicant family within the upcoming 12-month period.

Occupancy by Police Officers

In order to provide an increased sense of security for public housing residents the SHA may allow public housing units to be occupied by police officers pursuant to a SHA-adopted rent for such purposes.

Police officers will not be required to be income eligible to qualify for admission.

Head of Household

The “head of household” is the adult member (age 18+) of the household who is designated by the family as head, is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law.

Emancipated minors who qualify under State law will be recognized as head of household if there is a court order recognizing them as an emancipated minor.

Persons who are married are legally recognized as adults under State law.

A family may designate an elderly or disabled family member as head of household solely to qualify the family as an Elderly Family, provided that the person is at least partially responsible for paying the rent.

Spouse of Head

“Spouse” means the husband or wife of the head of household.

For proper application of the non-citizens rule, the definition of spouse is: the marriage partner who in order to dissolve the relationship would have to be divorced. Spouse also includes the partner in a common law marriage recognized by state law. The term "spouse" does not apply to boyfriends, girlfriends, significant others, or co-heads.

Co-head

An individual in the household who is equally responsible for the rent and lease compliance with the head of household. A household may have either a spouse or co-head, but not both. **A co-head never qualifies as a dependent.**

Live-in Aides

A family may include a live-in aide provided that such live-in aide:

- Is determined by a qualified diagnostician to be essential to the care and well

- being of an elderly person, a near-elderly person, or a person with disabilities,
- Is not obligated for the support of the person(s), **and**
- Would not be living in the unit except to provide personal or medical care for the person(s).

A live-in aide is not considered to be an assisted family member and has no rights or benefits under the program:

- Income of the live-in aide will not be counted for purposes of determining eligibility or level of benefits (rent);
- Live-in aides are not subject to Non-Citizen Rule requirements;
- Live-in aides may not be considered as a remaining member of the tenant family;

As a potential occupant of public housing, all live-in aides are subject to the SHA's routine criminal background reviews. A live-in attendant is not entitled to a hearing if denied admission on this basis.

Relatives are not automatically excluded from being live-in aides, but they must meet all of the elements in the live-in aide definition described above.

Family members of a live-in attendant may also reside in the unit, providing doing so does not increase the subsidy by the cost of an additional bedroom and that the presence of the family member(s) does not overcrowd the unit.

A live-in aide may only reside in the unit with the approval of the SHA.

Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or caseworker. The verification provider must certify that a live-in aide is needed for the care of the family member who is elderly, near elderly (age 50-61) or disabled. Verification of the need for a live-in aide must include the hours the care will be provided.

After the SHA approves the addition of a live-in aide on behalf of a resident, the resident must submit a specific live-in aide's name and information for approval by the SHA within five (5) calendar days of the SHA's notification.

- If the five (5) calendar days expire, the resident will have to resubmit an application for approval of a live-in aide.

The SHA will require the live-in aide to execute a lease rider agreeing to abide by the terms and conditions of occupancy set forth in the lease agreement. If the live-in aide violates provisions of the lease rider, the SHA may take action against the live-in aide separate from action against the assisted family.

If the live-in aide or their family members participate in drug-related or criminal activity, the SHA will rescind the aide's right to occupy the unit. When the agency takes such action against the live-in aide, the aide is not entitled to the grievance hearing process afforded to public housing residents.

The SHA has the right to disapprove a request for a live-in aide at their family members based on the "Other Eligibility Criteria" (Section E) described in this Chapter.

C. **FAMILY INCOME** [24 CFR Part 5, Subpart F]

Income Eligibility

- **Low-Income:** To be eligible for admission to the Public Housing Program, the family's annual income must be within the low-income limit set by HUD. This means the family income cannot exceed 80 percent of the median income for the area;
- **Very Low-Income:** To be eligible for admissions to the Public Housing Program, the family's annual income must be within the very low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 50 percent of the median income for the area.
- **Extremely Low-Income:** To be eligible for admissions to the Public Housing Program, the family's annual income must be within the extremely low-income limit set by HUD, unless HUD grants an exception. This means that without a HUD exception, the family income cannot exceed 30 percent of the median income for the area.

A family may not be admitted to the Public Housing Program from another assisted housing program (e.g., tenant-based Section 8) or from a Public Housing Program operated by another housing authority without meeting the income requirements of the SHA.

If the SHA acquires a property for Federal public housing purposes, the families living there must have incomes within the low-income limit in order to be eligible to remain as public housing tenants.

Income limit restrictions do not apply to families transferring within our Public Housing Program.

D. **MANDATORY REPORTING OF SOCIAL SECURITY NUMBERS [24 CFR 5.216]**

Families are required to provide verification of Social Security Numbers for all family members age 6 and older prior to admission, if the Social Security Administration has issued them a number. This requirement also applies to persons joining the family after admission to the program.

Failure to furnish verification of social security numbers is grounds for denial of admission or termination of tenancy.

If a member does not have a Social Security Number they must sign a certification stating that they do not have one. The certification shall:

- State the individual's name,
- State that the individual has not been issued a Social Security Number;
- State that the individual will disclose the Social Security Number, if they obtain one at a later date;
- Be signed and dated.

E. CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS

In order to receive assistance, a family member must be a United States citizen or eligible immigrant. Individuals, who are neither, may elect not to contend their status. Eligible immigrants are persons who are in one of the six immigrant categories as specified by HUD.

For the Citizenship/Eligible Immigration requirement, the status of each member of the family is considered individually before the family's status is defined.

Mixed Families:

A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed families". Such applicant families will be given notice that their income-based assistance (Total Tenant Payment) will be pro-rated and that they may request a hearing if they contest this determination. If such a family chooses flat rent, the flat rent will not be pro-rated if the flat rent is greater than the Public Housing Maximum Rent. If the Public Housing Maximum Rent is greater than the flat rent, and the family chooses flat rent, the flat rent will be pro-rated.

No Eligible Members:

Applicant families that include no eligible members will be ineligible for assistance. Such families will be denied admission and offered an opportunity for a hearing.

Non-Citizen Students:

Non-Citizen students as defined by HUD in the non-citizen regulations are not eligible for assistance.

The PHA will establish and verify eligibility no later than the date of the family's annual reexamination following October 21, 1998.

No individual or family applying for financial assistance may receive such financial assistance prior to the affirmative establishment and verification of eligibility of at least one individual or family member.

F. OTHER ELIGIBILITY CRITERIA

All applicants will be processed in accordance with HUD's regulations (24 CFR Part 960) and sound management practices. Applicants will be required to demonstrate ability to comply with essential provisions of the Lease as summarized below.

All applicants must demonstrate through an assessment of current and past behavior the ability:

- To pay rent and other charges as required by the Lease in a timely manner;
- To care for and avoid damaging the unit and common areas;
- To use facilities, appliances and equipment in a reasonable way;
- To create no health or safety hazards, and to report maintenance needs in a timely manner;
- Not to interfere with the rights and peaceful enjoyment of others and to avoid damaging the property of others;
- Not to engage in criminal activity or alcohol abuse that threatens the health, safety or right to peaceful enjoyment of other residents or staff and not to engage in drug-related criminal activity on or off the SHA premises;
- Not to have ever been convicted of manufacturing or producing methamphetamines, also known as "speed," on the premises of assisted housing;
- Not to contain a household member subject to lifetime sex offender registration requirement under a State Sex offender registration program;
- To comply with necessary and reasonable rules and program requirements of HUD and the PHA; and,
- To comply with local health and safety codes.

Denial of Admission for Previous Debts to This or Any Other PHA

Previous outstanding debts to this PHA, or any PHA resulting from a previous tenancy in the public housing or Section 8 program must be paid in full prior to admission. A Repayment Agreement will be accepted, prior to admission, for any previous debt violation(s).

G. DENIAL OF ADMISSION FOR DRUG-RELATED AND/OR OTHER CRIMINAL ACTIVITY

Purpose

All federally assisted housing is intended to provide a place to live and raise families, not a place to commit crime, to use or sell drugs or terrorize neighbors. It is the intention of the Sanford Housing Authority (SHA) to fully endorse and implement a policy that is designed to:

- Create and maintain a safe and drug-free community;
- Keep program participants free from threats to their personal and family safety;
- Support parental efforts to instill values of personal responsibility and hard work;

- Maintain an environment where children can live safely, learn and grow up to be productive citizens; and
- Assist families in their vocational/educational goals in the pursuit of self-sufficiency.

Administration

All screening procedures shall be administered fairly and in such a way as to not discriminate on the basis of race, color, nationality, sex, religion, creed, national or ethnic origin, age, marital or familial status, sexual orientation, handicap or disability, or against other legally protected groups, and not to violate right to privacy.

To the maximum extent possible, the SHA will involve other community and governmental agencies in the promotion and enforcement of this policy.

This policy will be posted on the SHA's bulletin board and copies made readily available to applicants and tenants upon request.

HUD Definitions

“Drug-related criminal activity” is the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute or use a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).

Drug-related criminal activity means *on or off the premises*, not just *on or near the premises*.

“Covered person,” means a tenant, any member of the tenant’s household, a guest, or another person under the tenant’s control.

“Criminal activity” includes any criminal activity that threatens the health, safety or right to peaceful enjoyment of the resident's public housing premises by other residents or employees of the SHA (e.g. burglary, larceny, robbery, arson, etc).

“Drug” means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

“Guest” for purposes of this Chapter, means a person temporarily staying in the unit with the consent of a tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant.

“Household” means the family and SHA-approved live-in aide.

“Other person under the tenant’s control” for the purposes of the definition of *“covered person”* means that the person, although not staying as a guest (as defined above) in the unit is, or was at the time of the activity in question, on the premises (as defined in this section) because of an invitation from the tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant.

“Premises” means the building or complex or development in which the public housing dwelling unit is located, including common areas and grounds.

“Violent criminal activity” means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage (e.g. murder, battery, assault, etc.).

Screening for Drug Abuse and Other Criminal Activity

In an effort to prevent drug related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or the right to peaceful enjoyment of the premises by other residents, the SHA will endeavor to screen applicants as thoroughly and fairly as possible.

If in the past the SHA initiated a lease termination, which may or may not have resulted in eviction for any reason cited under the Screening and Eviction for Drug Abuse and Other Criminal Activity Notice, for a family, who was a prior PHA resident, the SHA shall have the discretion to consider all circumstances of the case regarding the extent of participation by non-involved family members.

Initial screening will be limited to routine inquiries of the family and any other information provided to the SHA regarding this matter. The inquiries will be standardized and directed to all applicants included in the application form.

If the result of the standardized inquiry, or the receipt of a verifiable referral, indicates that the family or any family member is engaged in drug-related criminal or violent criminal activity, the SHA will conduct a more extensive inquiry to determine if the family should be denied admission.

If the screening indicates that any family member has been arrested or convicted/convicted within the prior three (3) years for drug-related or violent criminal activity, the SHA shall obtain verification through police/court records.

Use of FBI and Law Enforcement Records

In an effort to prevent drug related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or the right to peaceful enjoyment of the premises by other residents, the SHA will endeavor to screen applicants as thoroughly and fairly as possible.

The SHA will check criminal history for all applicants who are 18 years of age to determine whether any member of the family has engaged in violent or drug-related criminal activity.

The SHA will check criminal history for all applicants who are 18 years of age to determine whether any member of the family is subject to a lifetime sex offender registration requirement.

Verification of any past activity will be done prior to final eligibility and will include a check of conviction records.

The SHA has applied to the Federal Bureau of Investigation (FBI) and obtained a unique Originating Agency Identifier (ORI) number in order to maximize its efforts in obtaining criminal record histories.

The SHA will do a name check only through its local law enforcement agency to access limited information from the NCIC (National Crime Information Computer).

The SHA acknowledges that a name check only may be inconclusive without a positive fingerprint comparison. The results of an inconclusive name check will not be used to deny an applicant admission to housing.

If the channeling agency indicates to the SHA that there is a criminal history record indexed in the Interstate Identification Index that might belong to the family household member(s) the SHA must submit an applicant fingerprint card to the FBI through the appropriate channel in order to verify whether the criminal record is in fact the family/household member's. Should the applicant instead elect to withdraw their application, no further action will be necessary.

The SHA will request a fingerprint card from all of its applicants and adult household members whether or not they indicate any prior criminal history on their applicants.

Standard for Violation

Persons evicted from Public Housing, Indian Housing, Section 23, or any Section 8 program because of drug-related criminal activity are **ineligible** for admission to Public Housing for a three-year period beginning on the date of such eviction. The SHA will not waive this requirement.

No member of the applicant's family may have engaged in drug related or violent criminal activity within the past three (3) years.

The SHA will deny participation in the program to applicants where the SHA determines there is reasonable cause to believe that the person is illegally using a controlled substance or engages in drug-related or other criminal activity. The same will apply if it is determined that the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. This includes cases where the SHA determines that there is a pattern of illegal use of controlled substances or a pattern of alcohol abuse.

The SHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous twelve (12) months.

“Engaged in or engaging in or recent history of” drug-related criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved drug-related criminal activity including, without limitation, drug-related criminal activity, possession and/or use of narcotic paraphernalia, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

”Engaged in or engaging in or recent history of” criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved

criminal activity that would threaten the health, safety or right to peaceful enjoyment of the public housing premises by other residents or employees of the SHA, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

The SHA will not waive this policy.

The SHA may permit eligibility for occupancy and impose conditions that the involved family member(s) does not reside in the unit. The SHA will consider evidence that the person is no longer in the household such as divorce decree/incarceration/death/ copy of a new lease with the owner's telephone number and address/or other substantiating evidence.

Permanent Denial of Admission

The SHA will permanently deny admission to public housing persons *convicted* of manufacturing or producing methamphetamine on the premises of the assisted housing development in violation of any Federal or State law. "Premises" is defined as the building or complex in which the dwelling unit is located, including common areas and grounds. The SHA will not waive this requirement.

Prohibition on Persons Subject to Lifetime Sex Offender Registration Requirement

No family member may be subject to the "lifetime sex offender registration" requirement and live in Public Housing. This provision will not be waived. The SHA shall perform necessary criminal history background checks in the State where the housing is located and in any other States where household members are known to have resided.

Other Criminal Activity

"*Other criminal activity*" means a history of criminal activity involving crimes of actual or threatened violence to persons or property, or a history of other criminal acts, conduct or behavior which would adversely affect the health, safety, or welfare of other residents.

For the purposes of this policy, this is construed to mean that a member of the current family has been arrested or convicted of any criminal or drug-related criminal activity within the past 36 months.

HUD defines violent criminal activity as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property, and the activity is being engaged in by any family member.

Applicants and/or their household members who have been convicted of criminal sexual conduct, including but not limited to sexual assault, incest, statutory sexual seduction, open and gross lewdness, or child abuse, and are required by law to register as a sex offender will be prohibited from participation in the Public Housing Program.

No family member may have engaged in or threatened abusive or violent behavior toward SHA personnel at any time.

No family member may have committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program in the last three (3) years.

A person has served time in jail and has now been released on probation person cannot be admitted into public housing unless a year has passed since the completion of probation.

If the only sentence was probation, a year must have elapsed, without incident, since completion of probation, in order to be considered eligible for public housing.

A person who is released from jail with no probation requirement would have to operate on the outside for one (1) year with no further evidence of the prohibited activities in order to be considered eligible for admission.

A person who has been convicted of any crime involving bodily injury will not be considered for admission until a year after full repayment of the social debt, including probation.

Evidence

The SHA must have evidence of the violation.

“*Preponderance of evidence*” is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred.

- Preponderance of evidence is not determined by the number of witnesses, but by the greater weight of all evidence.

“*Credible evidence*” may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence, can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants, evidence gathered by SHA inspectors and/or investigators, and evidence gathered from the SHA Hotline.

The SHA may pursue fact-finding efforts as needed to obtain credible evidence.

Obtaining Information from Drug Abuse Treatment Centers

The SHA will:

- Inquire of all applicants whether they are currently using, or have ever engaged in the illegal use of a controlled substance in the past.
- Inquire of all applicants who respond in the affirmative whether they are currently receiving treatment or have ever received treatment at a drug abuse treatment facility.

The written consent form shall authorize the SHA to receive information from the drug abuse treatment facility stating only whether the facility has reasonable cause to believe that the applicant is currently engaging in the illegal use of a controlled substance.

The authorization will be sent to the drug abuse treatment facility with a SHA postage paid return addressed envelope addressed to the attention of the Housing Manager.

The SHA will maintain such information received from a drug abuse treatment facility in a manner that respects its confidentiality.

Such confidential information will be reviewed by the Housing Manager, who will make a decision as to the outcome of the review.

Such confidential information will not be misused or improperly disseminated and will be destroyed not later than five (5) business days after the date on which the SHA gives final approval for admission.

If the application is denied, the information will be destroyed within ten (10) business days following the date on which the statute of limitations for commencement of a civil action from the applicant based upon the denial of admission has expired.

Confidentiality of Criminal Records

The SHA will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose for which it was requested is accomplished.

All criminal reports, while needed by Housing Manger for screening for criminal behavior, will be housed in a locked file with access restricted to individuals responsible for such screening.

Misuse of the above information by any employee may be grounds for immediate termination of employment. Penalties for misuse are contained in the SHA's Personnel Policies.

If the family is determined eligible for initial or continued assistance, the SHA's copy of the criminal report shall be shredded as soon as the information is no longer needed for eligibility or continued assistance determination.

If the family's assistance is denied or terminated, the criminal record information shall be shredded immediately upon completion of the review or hearing procedures and a final decision has been made.

The SHA will document in the family's file that the family was denied admission or the tenancy was terminated due to findings in the Criminal History Report.

Disclosure of Criminal Records to Family

Before the SHA takes any adverse action based on a criminal conviction record, the applicant will be provided with a copy of the criminal record and an opportunity to dispute the record. Applicants will be provided an opportunity to dispute the record at an informal hearing. Tenants may contest such records at the grievance hearing or court hearing in the case of evictions.

Hearings

If information is revealed that would cause the SHA to deny admission to the household and the person disputes the information, s/he shall be given an opportunity for an informal hearing according to the SHA's hearing procedures outlined in the Chapter 15 – Grievance Policy.

H. SCREENING FOR SUITABILITY [24 CFR 960.203, 960.204 & 960. 205]

In developing its admission policies, the aim of the SHA is to attain a tenant body composed of families with a broad range of incomes and to avoid concentrations of the most economically deprived families and families with serious social problems. Therefore, it is the policy of the SHA to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the development or neighborhood, or on the quality of life for its residents.

The SHA will conduct a detailed interview of all applicants. The interview form will contain questions designed to evaluate the qualifications of applicants to meet the essential requirements of tenancy. Answers will be subject to third-party verification.

An applicant's intentional misrepresentation of any information related to eligibility, award of preference for admission, housing history, allowances, family composition or rent will result in denial of admission.

Applicants must be able to demonstrate the ability and willingness to comply with the terms of the lease, either all or with assistance that they can demonstrate that they have or will have at the time of admission. (24 CFR 8.3, Definition: Qualified Individual with Handicaps) The availability of assistance is subject to verification by the SHA.

The SHA does not permit a parent or legal guardian to co-sign the lease on the applicant's behalf if the head of household is under 18 and, under State/local law, does not have the legal capacity to enter into a legally binding contract.

As a part of the final eligibility determination, the SHA will screen each applicant household to assess their suitability as renters.

- The SHA will complete a rental history check on all applicants.
- The SHA will complete a credit check on all applicants.

The SHA shall rely upon sources of information which may include, but not limited to, SHA records, personal interviews with the applicant or tenant, interviews with previous landlords, employers, family social workers, parole officers, criminal and court records, clinics, physicians or the police department, and home visits for persons who have had negative landlord reference(s) for poor housekeeping habits.

This will be done in order to determine whether the individual attributes, prior conduct, and behavior of a particular applicant is likely to interfere with other tenants in such a manner as to diminish their enjoyment of the premises by adversely affecting their health, safety or welfare.

The SHA will complete a home visit at the current residence of all applicants who have had landlord verifications returned to the SHA with unfavorable comments concerning their housekeeping habits. Applicants shall have at least two working days advance written notice of home visits.

Factors to be considered in the screening are: housekeeping habits, rent paying habits, prior history as a tenant, criminal records, the ability of the applicant to maintain the responsibilities of

tenancy, and whether the conduct of the applicant in present or prior housing has been such that admission to the program would adversely affect the health, safety or welfare of other residents, or the physical environment, or the financial stability of the project.

The SHA's examination of relevant information pertaining to past and current habits or practices will include, but is not limited to, an assessment of:

- The applicant's past performance in meeting financial obligations, especially rent.
- Eviction or a record of disturbance of neighbors sufficient to warrant a police call, destruction of property, or living or housekeeping habits at present or prior residences which may adversely affect the health, safety, or welfare of other tenants or neighbors.
- Any history of criminal activity on the part of any applicant family member involving criminal acts, including drug-related criminal activity.
- Any history or evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupancy by neighbors.
- Any history of initiating threats or behaving in a manner indicating intent to assault employees or other tenants.
- Any history of alcohol or substance abuse that would threaten the health, welfare, or right to peaceful enjoyment of the premises by other residents.

The ability and willingness of an applicant to comply with the essential lease requirements will be verified and documented by the SHA. The information to be considered in the screening process shall be reasonably related to assessing the conduct of the applicant and other family members listed on the application in present and prior housing.

The history of applicant conduct and behavior must demonstrate that the applicant family can reasonably be expected not to:

- Interfere with other residents in such a manner as to diminish their peaceful enjoyment of the premises by adversely affecting their health, safety, or welfare. [24 CFR 960.203(c)]
- Adversely affect the physical environment or financial stability of the project. [24 CFR 960.203(c)]
- Violate the terms and conditions of the lease. [24 CFR 960.203(c)].
- Require services from SHA staff that would alter the fundamental nature of the SHA's program. [24 CFR 8.3]

Rent Paying Habits

The SHA will examine any Housing Authority records from a prior tenancy, and will request written references from the applicant's current landlord and may request written references from former landlords for up to the past three (3) years.

Based upon these verifications, the SHA will determine if the applicant was chronically late with rent payments, was evicted at any time during the past three (3) years for nonpayment of rent, or had other legal action initiated against him/her for debts owed. Any of these circumstances could be grounds for an ineligibility determination, depending on the amount of control the applicant had over the situation.

The SHA will undertake a balancing test that will consider: (1) amount of former rent; (2) loss of employment; (3) death or divorce from primary support; (4) illness or other circumstances beyond applicant's control. Any of these circumstances could be grounds for an ineligibility determination, depending on the amount of control the applicant had over the situation.

Applicants will not be considered to have a poor credit history if they were late paying rent because they were withholding rent due to substandard housing conditions in a manner consistent with a local ordinance; or had a poor rent paying history clearly related to an excessive rent relative to their income (using 50% of their gross income as a guide) and responsible efforts were made by the family to resolve the nonpayment problem.

The lack of credit history will not disqualify a family, but a poor credit history will, with the exceptions noted above.

Where past rent paying ability cannot be documented, the SHA will check with the utility company(s) to determine whether the family has been current and timely on their payments.

Screening Applicants Who Claim Mitigating Circumstances

Mitigating circumstances are facts relating to the applicant's record of unsuitable rental history or behavior, which, when verified would indicate both: (1) the reason for the unsuitable rental history and/or behavior; and (2) that the reason for the unsuitable rental history and behavior is no longer in effect or is under control, and the applicant's prospect for lease compliance is an acceptable one, justifying admission.

If unfavorable information is received about an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct. In order to be factored into the SHA's screening assessment of the applicant, mitigating circumstances must be verifiable.

If the mitigating circumstances claimed by the applicant relate to a change in disability, medical condition or course of treatment, the SHA shall have the right to refer such information to persons who are qualified and knowledgeable to evaluate the evidence and to verify the mitigating circumstance. The SHA shall also have the right to request further information reasonably needed to verify the mitigating circumstance, even if such information is of a medically confidential nature. Such inquiries will be limited to the information necessary to

verify the mitigating circumstances or, in the case of a person with disabilities, to verify a reasonable accommodation.

Examples of Mitigating Circumstances

Evidence of successful rehabilitation;

Evidence of the applicant family's participation in and completion of social service or other appropriate counseling service approved by the SHA.

Evidence of successful and sustained modification of previous disqualifying behavior.

Consideration of mitigating circumstances does not guarantee that the applicant will qualify for admission. The SHA will consider such circumstances in light of:

- The applicant's ability to substantiate through verification the claim of mitigating circumstances and his/her prospects for improved future behavior; and
- The applicant's overall performance with respect to all the screening requirements.

Qualified and Unqualified Applicants

Information that has been verified by the SHA will be analyzed and a determination will be made with respect to:

- The eligibility of the applicant as a *family*
- The eligibility of the applicant with respect to income limits for admission;
- The eligibility of the applicant with respect to citizenship or eligible immigration *status*;
- Any local preference to which the family is entitled.

Assistance to a family may not be delayed, denied or terminated on the basis of the family's ineligible immigration status unless and until the family completes all the verification and appeals processes to which they are entitled under both INS and SHA procedures, except for a pending SHA hearing.

Applicants who are determined to be unqualified for admission will be promptly notified with a Notice of Denial of Admission stating the reason for the denial. The SHA shall provide applicants an opportunity for an informal hearing (see Chapter 15 – *Grievance Policy*).

Applicants who have requested a reasonable accommodation as a person with a disability and who have been determined eligible, but fail to meet the Applicant Selection Criteria, will be offered an opportunity for a second meeting to have their cases examined to determine whether mitigating circumstances or reasonable accommodations will make it possible for them to be housed in accordance with the screening procedures.

The SHA will make every effort to accurately estimate an approximate date of occupancy. However, the date given by the SHA does not mean that applicants should expect to be housed by that date. The availability of a suitable unit to offer a family is contingent upon factors not

directly controlled by the SHA, such as turnover rates, and market demands as they affect bedroom sizes and project location.

Documentation of Findings

An authorized representative of the SHA shall document any pertinent information received relative to the following:

- Criminal Activity - includes the activities listed in the definition of criminal activity in this Chapter.
- Pattern of Violent Behavior - includes evidence of repeated acts of violence on the part of an individual, or a pattern of conduct constituting a danger to peaceful occupancy of neighbors.
- Pattern of Drug Use - includes a determination by the SHA that the applicant has exhibited a pattern of illegal use of a controlled substance that might interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Drug-Related Criminal Activity - includes a determination by the SHA that the applicant has been involved in the illegal manufacture, sale, distribution, use or possession of a controlled substance.
- Pattern of Alcohol Abuse - includes a determination by the SHA that the applicant's pattern of alcohol abuse might interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
- Initiating Threats - or behaving in a manner indicating intent to assault employees or other tenants.
- Abandonment of a Public Housing Unit - without advising SHA officials so that staff may secure the unit and protect its property from vandalism.
- Non-Payment of Rightful Obligations - including rent and/or utilities and other charges owed to the SHA or any other PHA.
- Intentionally Falsifying an Application for Leasing - including uttering or otherwise providing false information about family income and size, using an alias on the application for housing, or making any other material false statement or omission intended to mislead.
- Committing Fraud - includes having committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from, or any other fraud (such as TANF, SSI, etc.);
- Record of Serious Disturbances of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior - consists of patterns of behavior which endanger the life, safety, or welfare of other persons by physical violence, gross negligence or irresponsibility; which damage the equipment or premises in which the applicant resides, or which are seriously disturbing to neighbors or disrupt sound family and community life, indicating the applicant's inability to adapt to

living in a multi-family setting. Includes judicial termination of tenancy in previous housing on the grounds of nuisance or objectionable conduct, or frequent loud parties, which have resulted in serious disturbances of neighbors.

- Grossly Unsanitary or Hazardous Housekeeping - includes the creation of a fire hazard through acts such as hoarding rags, papers, or other materials; severe damages to premises and equipment, if it is established that the family is responsible for the condition; seriously affecting neighbors by causing infestation, foul odors, depositing garbage in halls; or serious neglect of the premises. This category does not include families whose housekeeping is found to be superficially unclean or due to lack of orderliness, where such conditions do not create a problem for neighbors.
- Destruction of Property from previous rentals.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct or financial prospects.

The SHA may waive the policies prohibiting admission in these circumstances if the person demonstrates to the SHA's satisfaction that a person no longer engages in illegal use of a controlled substance or abuse of alcohol and has successfully completed a supervised drug or alcohol rehabilitation program.

Prohibited Criteria for Denial of Admission

Applicants will **NOT** be rejected because they:

- Have no income;
- Are not employed;
- Do not participate in a job training program;
- Will not apply for various welfare or benefit programs;
- Have children;
- Have children born out of wedlock;
- Are on welfare;
- Are students.

Resident Participation in the Screening Process

It is the SHA's policy to encourage resident participation in the applicant intake and screening process. The SHA recognizes that screening is only part of the occupancy cycle, and for the SHA-resident partnership to be effective, work is required both before and after admission. Given this policy, the SHA, in conjunction with its resident leaders, proposes the following areas of involvement:

- Orientation for families in shelters. The objective is to introduce shelter families to the SHA's screening requirements so that families with poor tenancy histories or no tenancy history can take actions to demonstrate that they meet SHA's criteria for admission.
- Home visits. To work with residents to establish home visit inspection standards. To train residents on the standards and use residents along with the SHA staff to conduct home visits.
- Applicant pre-occupancy orientation. Attendance at pre-occupancy orientation is a requirement of the screening process. The SHA and its residents will develop the agenda for this orientation to include such issues as rent, house rules, lease provisions, security, social services and utilities.

H. HEARINGS

If information is revealed that would cause the SHA to deny admission to the household and the person disputes the information, s/he shall be given an opportunity for an informal review according to the SHA's hearing procedures outlined in Chapter 15 – *Grievance Policy*.

Chapter 3

APPLYING FOR ADMISSION

INTRODUCTION

The policy of the SHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but the SHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Policy.

A. HOW TO APPLY

Families who wish to apply for any of the SHA's programs must complete a written application form when application-taking is open as a reasonable accommodation. As a reasonable accommodation, applications will be made available in an accessible format upon request from a person with a disability.

- As a reasonable accommodation, families with disabilities may apply for the Public Housing Program, even when application-taking is closed for other families
- Persons with disabilities may call the SHA to receive an application through the mail or make other arrangements to complete their pre-application.
- Applications will be mailed to interested families upon request.
- Applications will be accepted at Central Administrative Office (94 Castle Brewer Court) for all waiting lists.

The application process will involve two phases:

1. The first is the "initial" application for admission (referred to as a pre-application). This first phase is to determine the family's eligibility for, and placement on, the waiting list.

The pre-application will be dated, time-stamped and referred to the SHA's office where tenant selection and assignment is processed.

2. The second phase is the "final determination of eligibility for admission" (referred to as the full application). The full application takes place when the family

reaches the top of the waiting list. At this time the SHA ensures that verification of all HUD and SHA eligibility factors is current in order to determine the family's eligibility for an offer of a suitable unit.

B. "INITIAL" APPLICATION PROCEDURES

The SHA will utilize a preliminary-application form (pre-application) for the initial application for public housing. The application is taken in person and the data is entered into the computer. The application may also be mailed to the applicant and, if requested, it will be mailed in an accessible format.

The purpose of the pre-application is to permit the SHA to preliminarily assess family eligibility or ineligibility and to determine placement on the waiting list.

Translation will be provided for Spanish-speaking applicants, either by staff or by document in Spanish.

The pre-application will contain questions designed to obtain the following information:

- Names of head of household and spouse
- Names of adult members and age of all members
- Number of family members (used to estimate bedroom size needed)
- Street address and phone numbers
- Mailing address (if PO Box or other permanent address)
- Annual income
- Source(s) of income received by household members to determine preference qualification
- Sufficient additional information to determine preference qualification
- Information regarding request for reasonable accommodation or for accessible unit
- Social Security Numbers
- Race/Ethnicity
- Arrests/Convictions for Drug Related or Violent Criminal Activity
- Previous address(es) for the last three (3) years
- Names and addresses of current and previous landlords
- Emergency contact person and address
- Questions regarding previous participation in HUD programs

Applications will be taken in person and data will be entered into the computer.

Duplicate applications, including applications from a segment of an applicant household, will not be accepted.

Pre-applications will not require interviews. Information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

Applicants are requested to inform the SHA in writing of changes in family composition, income, and address, as well as any changes in their Preference status. Applicants are required to

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respond, in a timely manner, to requests from the SHA to update information on their application, or to determine their continued interest in assistance.

Failure to provide information or to respond to mailings may result in the applicant being removed from the waiting list. (See Chapter 15 – *Grievance Policy*)

C. NOTIFICATION OF APPLICANT STATUS

If after a review of the pre-application the family is determined to be preliminarily eligible, they will be notified in writing.

If the family is determined to be ineligible based on information provided in the pre-application, the SHA will notify the family in writing, state the reason(s), and inform them of their right to an informal hearing. Persons with disabilities may request to have an advocate attend the informal hearing as an accommodation. (See Chapter 15 – *Grievance Policy*)

D. COMPLETION OF A FULL APPLICATION

The application will contain questions designed to obtain the following information:

- Names of head of household and spouse
- Names of adult members and age of all members
- Number of family members (used to estimate bedroom size needed)
- Street address and phone numbers
- Mailing address (if PO Box or other permanent address)
- Annual income
- Source(s) of income received by household members to determine preference qualification
- Sufficient additional information to determine preference qualification
- Information regarding request for reasonable accommodation or for accessible unit
- Social Security Numbers
- Race/Ethnicity
- Arrests/Convictions for Drug-Related or Violent Criminal Activity
- Previous addresses for the last three (3) years
- Names and addresses of current and previous landlords
- Emergency contact person and address
- Questions regarding previous participation in HUD programs

All preferences claimed on the application or while the family is on the waiting list will be verified after the family is selected from the waiting list, and prior to completing the final eligibility determination.

If a preference cannot be verified, said applicant will be returned to their proper place on the waiting list and preference removed.

The qualification for preference must exist at the time the preference is verified regardless of the length of time an applicant has been on the waiting list because the preference is based on current status.

Applicants on the waiting list who will be selected in the near future will be sent a preference verification and eligibility appointment letter (See *Chapter 4 - Tenant Selection and Assignment Plan*). The letter will notify the applicant of an appointment an application interview, and request the applicant to bring all documents that verify all factors to be verified. Factors to be verified will be listed in the letter.

These documents will be used for verification only if third-party verification cannot be obtained.

Applicants will also be required to:

- Complete a Personal Declaration Form prior to the full application interview.
- Complete a full application in their own handwriting, unless assistance is needed, or a request for accommodation is made by a person with a disability. Applicant will then be interviewed by SHA staff to review the information on the full application form.
- Participate in a full application interview with a SHA representative during which the applicant will be required to furnish complete and accurate information verbally as requested by the interviewer. The SHA interviewer will insure completion of the full application form with answers supplied by the applicant. The applicant will sign and certify that all information is complete and accurate.

The full application will be mailed/communicated as requested as an accommodation to a person with a disability.

Requirement to Attend Interview

The SHA utilizes the full application interview to discuss the family's circumstances in greater detail, to clarify information that has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other SHA services or programs that may be available.

If the head of household cannot attend the interview, the spouse may attend to complete the application and certify for the family.

The head of household, however, will be required to attend an interview within 90 working days to review the information and to certify by signature that all of the information is complete and accurate.

If an applicant fails to appear for a pre-scheduled appointment, the SHA will automatically schedule a second appointment. If the applicant misses the second appointment without prior approval, the application is denied.

Reasonable accommodation will be made for persons with a disability who requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with permission of the person with a disability.

If an application is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal hearing. (See *Chapter 15 – Grievances Policy*)

All adult members, and head of household and spouse regardless of age, must sign form HUD-9886, "Release of Information," the declarations and consents related to citizenship/immigration status and any other documents required by the SHA regarding income, criminal history and other eligibility factors. Applicants will be required to sign specific verification forms for information that is not covered by the HUD-9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and releases as required by the SHA.

Information provided by the applicant will be verified, including information related to family composition, income, allowances and deductions, assets, eligible immigration status, full time student status and other factors related to preferences, eligibility and rent calculation.

If the SHA determines at or after the interview that additional information or document(s) are needed, the SHA will request the document(s) or information in writing.

If the requested information is not supplied by the applicant family within ten (10) business days, the SHA will provide the family a notification of denial for assistance. (See *Chapter 15 – Grievances Policy*)

E. PROCESSING APPLICATIONS

As families approach the top of the waiting list, the following items will be verified to determine qualification for admission to the SHA's housing:

- Preference status
- Family composition and type (elderly/non elderly)
- Annual Income
- Assets and Asset Income
- Deductions from Annual Income
- Social Security Numbers of **all** family members
- Information used in applicant screening
- Citizenship or eligible immigration status
- Criminal History Report

F. FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY

After the verification process is completed, the SHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the SHA, and the tenant suitability determination (see *Chapter 2 - Eligibility for Admission*).

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Because HUD can make changes in rules or regulations and family circumstances may have changed during the review process that affect an applicant's eligibility, it is necessary to make final eligibility determination.

The household is not eligible for a unit offer until the final determination has been made, even though they may have been preliminarily determined eligible and may have been listed on the waiting list.

Any time after final eligibility determination, applicants must report changes in family status, including income, family composition, and address, in writing, within thirty (30) days of the change. If the family did not report the change within the required time frame, the family will be determined ineligible and offered an opportunity for informal hearing.

Chapter 4

TENANT SELECTION AND ASSIGNMENT PLAN 24 CFR Parts: 960.203, 960.204, 960.205, and 960.206] (Includes Preferences and Managing the Waiting List)

INTRODUCTION

It is the SHA's policy that each applicant shall be assigned an appropriate place on a jurisdiction-wide waiting list.

Applicants will be listed in sequence based upon:

- Date and time the application is received,
- The size and type of unit they require, and
- Factors of preference or priority

In filling an actual or expected vacancy, the SHA will offer the dwelling unit to an applicant in the appropriate sequence, with the goal of accomplishing de-concentration of poverty and income-mixing objectives. The SHA will offer the unit until it is accepted. This Chapter describes the SHA's policies with regard to the number of unit offers that will be made to applicants selected from the waiting list.

SHA's Objectives

SHA policies will be followed consistently and will affirmatively further HUD's fair housing goals.

It is the SHA's objective to ensure that families are placed in the proper order on the waiting list so that the offer of a unit is not delayed to any family unnecessarily or made to any family prematurely. This Chapter explains the policies for the management of the waiting list.

When appropriate units are available, families will be selected from the waiting list in their preference-determined sequence.

By maintaining an accurate waiting list, the SHA will be able to perform the activities that ensure that an adequate pool of qualified applicants will be available to fill unit vacancies in a timely manner. Based on the SHA's turnover and the availability of appropriate sized units, groups of families will be selected from the waiting list to form a final eligibility "pool." Selection from the pool will be based on completion of verification.

A. MANAGING THE WAITING LIST

The SHA will administer its waiting list as required by 24 CFR Part 5, Part 945 and Part 960, Sub-parts A. The waiting list will be maintained in accordance with the following guidelines:

- The application will be a permanent file.
- All applicants in the pool will be maintained in order of preference, in order of date and time of application receipt.
- Applications equal in preference will be maintained by date and time sequence.
- All applicants must meet applicable income eligibility requirements as established by HUD.

Opening and Closing the Waiting Lists

The SHA, at its discretion, may restrict application intake, suspend application intake, and close waiting lists in whole or in part.

The decision to close the waiting list will be based on the number of applications available for a particular size and type of unit, and the ability of the SHA to house an applicant in an appropriate unit within a reasonable period of time.

When the SHA opens the waiting list, the SHA will advertise through public notice in local newspapers, minority publications and media entities and postings with social service agencies.

To reach persons with disabilities, the SHA will provide separate notice to local organizations representing the interests and needs of the disabled.

The notice will contain:

- The dates, times, and locations where families may apply.
- The programs for which applications will be taken.
- A brief description of the program.
- Limitations, if any, on who may apply.

The notices will provide potential applicants with information that includes the SHA address and telephone number, how to submit an application, information on eligibility requirements and the availability of local preferences.

When Application Taking is Suspended

The SHA may suspend the acceptance of applications if there are enough local Preference holders to fill anticipated openings for the next time period between 12 and 24 months.

The waiting list may not be closed if it would have a discriminatory effect inconsistent with applicable civil rights laws.

During the period when the waiting list is closed, the SHA will not maintain a list of individuals who wish to be notified when the waiting list is open.

As a reasonable accommodation, families with disabilities may apply for the Public Housing Program during the period when the waiting list is closed.

Suspension of application taking is announced in the same way as opening the waiting list.

The open period shall be long enough to achieve a waiting list adequate to cover projected turnover over the next time limit between 12 and 24 months. The SHA will give at least 10 days notice prior to closing the list. When the period for accepting applications is over, the SHA will add the new applicants to the list by:

- Separating the new applicants into groups based on preferences and unit size, and
- Ranking applicants within each group by date and time of application.

Reopening the List

If the waiting list is closed and the SHA decides to open the waiting list, the SHA will publicly announce the opening.

Any reopening of the list is done in accordance with the HUD requirements.

Even though there are enough applicants on the waiting list to fill the turnover within the next 18 months, if there are not enough applicants who claim a local preference, the PHA may elect to accept applications from applicants who claim a local preference ONLY, and continue to keep the waiting list closed.

Limits on Who May Apply

When the waiting list is open, any family asking to be placed on the waiting list for Public Housing rental assistance will be given the opportunity to complete a pre-application.

Depending upon the composition of the waiting list with regards to family types and preferences and to better serve the needs of the community, at times the PHA may only accept applications from any family claiming local preferences.

If there are sufficient applications from elderly, disabled, homeless, and displaced singles, applications will not be accepted from other singles.

When the application is submitted to the SHA, its date/time stamped for the family's placement order on the waiting list.

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Multiple Families in Same Household

When families apply that consist of two families living together, (such as a mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

Purging the Waiting List

The SHA will update and purge its waiting list to ensure that the pool of applicants reasonably represents the interested families for whom the SHA has current information, such as applicant's address, family composition, income category, and preferences.

The SHA will update the waiting list at least annually by removing the names of those families who are no longer interested, no longer qualify for housing, or cannot be reached by mail or by telephone. At the time of initial intake, the SHA will advise families of their responsibility to notify the SHA when mailing address or telephone numbers change.

B. WAITING LIST PREFERENCES

A preference does not guarantee admission to the program. Preferences are used to establish the order of placement on the waiting list. Every applicant must meet the SHA's Selection Criteria as defined in this Policy.

The SHA's preference system will work in combination with requirements to match the characteristics for the family to the type of unit available, including units with targeted populations, and further de-concentration of poverty in public housing. When such matching is required or permitted by current law, the SHA will give preference to qualified families.
Among applicants with equal preference status, the waiting list will be organized by date and time.

Local Preferences

Local preferences will be used to select among applicants on the waiting list. Public hearing/public notice with opportunity for public comment will be held before the SHA adopts any local preference.

The hearing will be publicized using the same guidelines as those for opening and closing the waiting list.

The notice will be distributed following the same guidelines as those used for opening or closing the waiting list.

The SHA uses the following Local Preferences:

Homelessness Preference: This preference is for homeless individuals or homeless persons defined below:

The term "homeless", includes the terms "homeless individual" or "homeless person", includes:

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- (1) an individual who lacks a fixed, regular, and adequate nighttime residence: and
- (2) an individual who has a primary nighttime residence that is
 - (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (3) The term “homeless” shall not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State, County or Local Law.

Proof of homelessness will be required at time of application. The availability of public housing units for “homeless” is limited to five (5) per year.

Elderly Preference: This preference is in accordance with the 1992 Housing Act, elderly families whose head spouse or sole member is at least 62 years of age, and disabled families whose head, co-head or spouse or sole member is a person with disabilities, will receive equal preference to such units.

Disability Preference: This preference is extended to disabled persons or families with a disabled member as defined in this Policy. Proof of disability will be required at time of selection. HUD regulations prohibit admission preferences for specific types of disabilities.

Working Preference: [24 CFR 960.206(b)(2)]: This preference is for families where the head, spouse or sole member is employed. This preference is automatically extended to elderly families or families whose head or spouse meets the HUD/Social Security definition of disability.

Treatment of Single Applicants

All families with children, elderly families and disabled families will have an admission preference over “Other Singles”.

Singles Preference

Definition of *Singles Preference*: Single applicants who are elderly, disabled, homeless or displaced will be given a selection priority over all “Other Single” applicants regardless of preference status.

“Other Singles” denotes a one-person household in which the individual member is neither elderly, disabled, homeless or displaced by government action. Such applicants will be placed on the waiting list in accordance with their preferences, but cannot be selected for assistance before any elderly, disabled, homeless or displaced one-person family regardless of local preferences.

C. ORDER OF SELECTION FOR GENERAL OCCUPANCY (FAMILY) DEVELOPMENTS

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The SHA has established the following local admissions preferences for general occupancy (family) developments:

- Date and time of receipt of a completed pre-application and working, elderly, and handicapped/disabled.

All local preferences will be treated equally.

Each preference is assigned equal points (10 points).

- Working Preference: 10 points
- *Disability Preference: 10 points*

D. ORDER OF SELECTION FOR MIXED POPULATION DEVELOPMENTS

A mixed population development is a public housing community, or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character).

In accordance with the 1992 Housing Act, elderly families whose head spouse or sole member is at least 62 years of age, and disabled families whose head, co-head or spouse or sole member is a person with disabilities, will receive equal preference to such units.

No limit will be established on the number of elderly or disabled families that may occupy a mixed population property. All other PHA preferences will be applied.

The SHA has established the following local admissions preferences for Mixed Population developments (Per HUD regulations, equal preference must be given to Elderly Families and Disabled Families):

- **First Priority**: Elderly families or disabled families
- **Second Priority**: Near-elderly families
- **Third Priority**: Other singles

E. VERIFICATION OF PREFERENCE QUALIFICATION

When the SHA anticipates that the family will be notified in the near future to complete a full application, the family will be sent a Preference Verification letter to the applicant's last known address, requesting verification of the family's preference. The SHA will verify the preference before the applicant's interview is conducted.

If the verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list and ranked without the Local Preference; as well as given an opportunity for a review.

If at the time the family applied, the preference claim was the only reason for placement of the family on the waiting list and the family cannot verify their eligibility for the preference as of the date of application, the family will be removed from the list.

Change in Circumstances

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify the SHA in writing when their circumstances change. When an applicant claims an additional preference, s/he will be placed on the waiting list in the proper order of their newly claimed preference.

F. PREFERENCE DENIAL

If the SHA denies a preference, the applicant will be placed on the waiting list without benefit of the preference.

The SHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for a review. The applicant will have 10 working days to request the meeting in writing. If the preference denial is upheld as a result of the meeting, or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against.

Any applicant who falsifies documents or makes false statements in order to qualify for any preference will be removed from the waiting list with notification to the family.

G. FACTORS OTHER THAN PREFERENCES THAT AFFECT SELECTION OF APPLICANTS

Before applying its preference system, the SHA will first match the characteristics of the available unit to the applicants available on the waiting lists. Factors such as unit size, accessible features, de-concentration or income mixing, income targeting, or units in housing designated for the elderly limit the admission of families to those characteristics that match the characteristics and features of the vacant unit available.

By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application.

The SHA's De-concentration Policy, as described in the annual SHA Plan, provides for a skipping of families on the waiting list in order to bring families above the established income range into developments below the established income range, and to bring families below the established income range into developments above the established income range.

Admissions required by court order will also take precedence over the adopted preference system.

H. DE-CONCENTRATION OF POVERTY AND INCOME-MIXING

The SHA's admission policy is designed to provide for de-concentration of poverty and income mixing by bringing higher income tenants into lower income developments and lower income tenants into higher income developments.

Nothing in the de-concentration policy relieves the SHA of the obligation to meet the income-targeting requirement.

Gross annual income is used for income limits at admission and for income-mixing purposes.

De-concentration and Income-Mixing Goals

The SHA's de-concentration and income-mixing goal, in conjunction with the requirement to target at least forty percent (40%) of new admissions to public housing in each fiscal year to “extremely low-income families”, will be to admit families above the SHA's Established Income Range (EIR) to developments below the EIR, and families below the Sanford Housing Authority’s EIR to developments above the EIR.

De-concentration applies to transfer families as well as applicant families.

De-concentration Applicability

The SHA has covered developments (general occupancy, family developments) subject to the de-concentration requirement. These covered developments are described in the SHA Plan.

Development Designation Methodology

The SHA will determine on an annual basis the average income of all families residing in general occupancy developments.

The SHA will then determine the average income of all families residing in each general occupancy development.

The SHA will then determine whether each general occupancy development falls above, within or below the Established Income Range (EIR).

The EIR is 85% to 115% (inclusive of 85% and 115%) of the SHA-wide average income for general occupancy developments. The SHA will then determine whether or not developments outside the EIR are consistent with local goals and strategies in the SHA Plan.

The SHA may explain or justify the income profile for these developments as being consistent with and furthering two sets of goals:

1. Goals of de-concentration of poverty and income mixing (bringing higher income families into lower income developments and vice versa); and
2. Local goals and strategies contained in the SHA Plan.

De-concentration Policy

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If, at annual review, there are found to be developments or a development with average income above or below the EIR, and where the income profile for a general occupancy development above or below the EIR is not explained or justified in the SHA Plan, the SHA shall list these covered developments in the SHA Annual Plan.

The SHA shall adhere to the following policies for de-concentration of poverty and income mixing in applicable developments:

- Skipping a family on the waiting list or transfer list to reach another family in an effort to further the goals of the SHA's de-concentration policy:
- If a unit becomes available at a development below the Established Income Range, the first eligible family on the waiting list with income above the EIR will be offered the unit. If that family refuses the unit, the next eligible family on the waiting list with income above the EIR will be offered the unit. The process will continue in this order. For the available unit at the development below the EIR, if there is no family on the waiting list [or transfer list] with income above the EIR, or no family with income above the EIR accepts the offer, then the unit will be offered to the first eligible family on the waiting list [or transfer list] in preference order regardless of income.
- Skipping of families for de-concentration purposes will be applied uniformly to all families.
- A family has the sole discretion whether to accept an offer of a unit made under the SHA's de-concentration policy. The SHA shall not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the SHA's de-concentration policy. However, the SHA shall uniformly limit the number of offers received by applicants and transfer families, described in this Chapter.
- The SHA will implement affirmative marketing outreach, as described in the SHA Plan.

De-concentration Compliance

If, at annual review, the average incomes at all general occupancy developments are within the Established Income Range, the SHA will be considered to be in compliance with the de-concentration requirement.

I. PROMOTION OF INTEGRATION

Beyond the basic requirement of nondiscrimination, SHA shall affirmatively further fair housing to reduce racial and national origin concentrations.

The SHA shall not require any specific income or racial quotas for any development or developments.

The SHA shall not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations.

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J. OFFER OF PLACEMENT ON THE SECTION 8 WAITING LIST

The SHA will merge its waiting lists for all programs.

K. REMOVAL FROM WAITING LIST AND PURGING

The waiting list will be purged at least annually by a mailing to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest.

If an applicant fails to respond within thirty (30) days, s/he will be removed from the waiting list. If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re mailed to the address indicated.

If an applicant claims they did not receive a letter mailed by the SHA that requested the applicant to provide information or to attend an appointment, the SHA will determine whether the letter was returned to the SHA. If the letter was not returned to the SHA, the applicant will be assumed to have received the letter.

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless a person with a disability requests a reasonable accommodation for being unable to reply within the proscribed period.

Notices will be made available in accessible format upon the request of a person with a disability. An extension to reply to the purge notification will be considered as an accommodation if requested by a person with a disability.

The SHA allows a grace period of fifteen (15) days after completion of the purge. Applicants who respond during this grace period will be reinstated.

L. OFFER OF ACCESSIBLE UNITS

The SHA has units designed for persons with mobility, sight and hearing impairments, referred to as accessible units.

No non-mobility impaired families will be offered these units until all eligible mobility-impaired applicants have been considered.

Before offering a vacant accessible unit to a non-disabled applicant, the SHA will offer such units in the ascending order:

- First, to a current occupant of another unit of the same development, or other public housing developments under the SHA's control, who has a disability that requires the special features of the vacant unit.
- Second, to an eligible qualified applicant on the waiting list having a disability that requires the special features of the vacant unit.

When offering an accessible/adaptable unit to a non-disabled applicant, the SHA will require the applicant to agree to move to an available non-accessible unit within thirty (30) days when either a current resident or an applicant needs the features of the unit and there is another unit available for the applicant. This requirement will be a provision of the lease agreement.

The SHA will make modifications to the unit in keeping with the Section 504 Transition Plan as the need arises and until the agency determines that an adequate number of units have been rehabilitated in numbers sufficient to evidence compliance with the Plan. After such point in time, the SHA may approve the family's plan to make physical modifications at the family's expense and consistent with the terms of the PHA's 504 Plan as it relates to tenant modifications.

See Chapter 9 – Leasing

M. PLAN FOR UNIT OFFERS

The SHA plan for selection of applicants and assignment of dwelling units to assure equal opportunity and non-discrimination on the grounds of race, color, sex, religion, creed, national or ethnic origin, age, marital or familial status, handicap, or disability.

The Plan is a One Offer, One Refusal Plan:

Under this plan, the SHA will determine which vacant units were ready for occupancy first. Applicants, who are at the top of the waiting list and have been determined eligible and suitable as SHA tenants, will be offered the oldest ready for occupancy unit of a suitable size and type. The applicant will be offered a unit in the development with the highest number of vacancies. Should the applicant refuse the unit, they will be placed at the bottom of the waiting list.

If more than one unit of the appropriate type and size is available, the first unit to be offered will be the first unit that is ready for occupancy.

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The SHA will maintain a record of units offered, including location, date and circumstances of each offer, each acceptance or rejection, including the reason for the rejection.

N. CHANGES PRIOR TO UNIT OFFER

Changes that occur during the period between removal from the waiting list and an offer of a suitable unit may affect the family's eligibility or Total Tenant Payment. The family will be notified in writing of changes in their eligibility or level of benefits and offered their right to an informal hearing when applicable (See Chapter 15 – *Grievances Policy*)

O. APPLICANT STATUS AFTER FINAL UNIT OFFER

When an applicant rejects the final unit offer the PHA will:

- Place the applicant's name on the bottom of the waiting list. "Bottom of the waiting list" means that the applicant will be denied the benefits of any Local preferences for twelve (12) months.

P. TIME-LIMIT FOR ACCEPTANCE OF UNIT

Applicants must accept a unit offer within five (5) working days of the date the offer is made. Offers made over the telephone will be confirmed by letter. If unable to contact an applicant by telephone, the SHA will send a letter.

Applicants Unable to Take Occupancy

If an applicant is willing to accept the unit offered, but is unable to take occupancy at the time of the offer for “good cause”, the applicant will not be placed at the bottom of the waiting list.

Examples of “good cause” reasons for the refusal to take occupancy of a housing unit include, but are not limited to:

- An elderly or disabled family makes the decision not to occupy or accept occupancy in designated housing. [24 CFR 945.303(d)]
- Inaccessibility to source of employment or children's day care such that an adult household member must quit a job, drops out of an educational institution or a job-training program.
- Presence of lead paint in the unit offered when the applicant has children under the age specified by current law.
- The family demonstrates to the SHA's satisfaction that accepting the offer will result in a situation where a family member's life, health or safety will be placed in jeopardy. The family must offer specific and compelling documentation such as restraining orders, other court orders, or risk assessments related to witness protection from a law enforcement agency. The reasons offered must be specific to the family. Refusals due to the location of the unit alone are not considered to be good cause.

- A qualified, knowledgeable health professional verifies the temporary hospitalization or recovery from illness of the principal household member, other household members, or a live-in aide necessary to care for the principal household member.
- The unit is inappropriate for the applicant's disabilities.

Applicants With a Change in Family Size or Status

Changes in family composition, status, or income between the time of the interview and the offer of a unit will be processed. The SHA shall not lease a unit to a family whose occupancy will overcrowd or underutilize the unit.

The family will take the appropriate place on the waiting list according to the date they first applied.

Q. REFUSAL OF OFFER

If the unit offered is inappropriate for the applicant's disabilities, the family will retain their position on the waiting list.

Chapter 5

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OCCUPANCY GUIDELINES

INTRODUCTION

The Occupancy Guidelines are established by the SHA to ensure that families of the appropriate size occupy units. This Policy maintains the maximum usefulness of the units, while preserving them from excessive wear and tear or underutilization. This Chapter explains the Occupancy Guidelines used to determine minimum and maximum unit sizes for various sized families when they are selected from the waiting list, or when a family's size changes, or when a family requests an exception to the occupancy guidelines.

A. DETERMINING UNIT SIZE

The SHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. The SHA's Occupancy Guideline standards for determining unit size shall be applied in a manner consistent with Fair Housing guidelines.

For occupancy standards, an adult is a person 18 years or older or an emancipated minor.

All guidelines in this section relate to the number of bedrooms in the unit. Dwelling units will be so assigned that:

- One bedroom will generally be assigned for every two family members. The SHA will consider factors such as family characteristics including sex, age, or relationship, the number of bedrooms and size of sleeping areas or bedrooms and the overall size of the dwelling unit. Consideration will also be given for medical reasons and the presence of a live-in aide.
- Generally the SHA will assign one bedroom to two people within the following guidelines:
 - Adults of different generations, persons of the opposite sex (other than spouses), and unrelated adults will not be required to share a bedroom.
 - Separate bedrooms should be allocated for persons of the opposite sex (other than adults who have a spousal relationship and children under 7).
 - Foster children will be included in determining unit size only if they will be in the unit for more than 12 months.
 - Live-in aides, generally, will be provided a separate bedroom. No additional bedrooms are provided for the aide's family.
 - Space may be provided for a child who is away at school but who lives with the family during school recesses.
 - Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.

- Single person families shall be allocated one bedroom.

The living room will not be used as a bedroom except for purposes of reasonable accommodation or at the request of the family.

GUIDELINES FOR DETERMINING BEDROOM SIZE

Bedroom Size	Persons in Household: (Minimum #)	Persons in Household: (Maximum #)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10
6 Bedrooms	8	12

B. EXCEPTIONS TO OCCUPANCY STANDARDS

The SHA will grant exceptions from the guidelines in cases where it is the family’s request or the SHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances, and there is a vacant unit available. If an applicant requests to be listed on a smaller or larger bedroom size waiting list, the following guidelines will apply:

- Applicants may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines, (as long as the unit is not overcrowded according to local codes).
- At the SHA’s discretion the family may be offered a unit smaller than the preferred unit size, based on the SHA’s occupancy standards, if in doing so the family has an opportunity to be housed earlier, or live in a preferred development.
- In all cases, where the family requests an exception to the general occupancy standards, the SHA will evaluate the relationship and ages of all family member and overall size of the unit.
 - In cases such as those above, a family that voluntarily accepts a unit that is smaller than what the family is eligible for will be required to sign a statement stating that unless there is an increase in family size the family agrees that they are not eligible for transfer to a larger unit for at least three (3) years.
- The SHA may offer a family a unit that is larger than required by the SHA’s occupancy standards, if the waiting list is short of families large enough to fill the vacancy or the SHA determines that the common area for the project is insufficient for accommodating any additional large families.

The family may request to be placed on a larger bedroom size waiting list than indicated by the SHA's occupancy guidelines. The request must explain the need or justification for a larger bedroom size, and must be verified by the SHA before the family is placed on the larger bedroom size list. The SHA will consider these requests:

- **Person with Disability**

The SHA will grant an exception upon request as a reasonable accommodation for persons with disabilities if the need is appropriately verified and meets requirements set forth in the Service and Accommodations Policy section of *Chapter 1*.

- **Other Circumstances**

Circumstances may dictate a larger size than the occupancy standards permit when:

- Persons cannot share a bedroom because of a need for medical equipment due to its size and/or function. A doctor must verify requests for a larger bedroom due to medical equipment.
- Requests based on health related reasons must be verified by a knowledgeable, licensed professional.

The SHA will not assign a larger bedroom size due to additions of family members other than by birth, adoption, marriage, or court-awarded custody.

- An exception will be granted if the family has submitted a "Self-Certification of Physical Custody of Minor Child/Children" or an "Appointment of Temporary Guardian" to the SHA. If either of these forms has been submitted the SHA will also require that the family has initiated legal proceedings for guardianship or legal custody.

All members of the family residing in the unit must be approved by the SHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the SHA within ten (10) days.

To avoid vacancies, the SHA may provide a family with a larger unit than the occupancy standards permit. The family must agree to move to a suitable, smaller unit when another family qualifies for the larger unit and there is a suitable smaller unit available. This requirement is a provision of the lease.

C. **INCENTIVES TO ATTRACT HIGHER INCOME FAMILIES TO LOWER INCOME DEVELOPMENTS** - See Chapter 4- *Tenant Selection and Assignment*.

In order to attract higher income families to lower income developments, the following specialized occupancy standards will be applied to families above the Established Income Range willing to move into developments below the Established Income Range, as described in the

SHA Plan:

- Occupancy guidelines of one (1) child per bedroom for every child over the age of 12.
- Occupancy guidelines of one bedroom used for purposes other than a bedroom, such as den, study room, or office.

D. ACCESSIBLE UNITS

The SHA has units designed for persons with mobility, sight and hearing impairments. These units were designed and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.

Preference for occupancy of these units will be given to families with disabled family members who require the modifications or facilities provided in the units.

No non-mobility impaired families will be offered these units until all eligible mobility-impaired applicants have been considered.

Accessible units will be offered and accepted by non-mobility impaired applicants only with the understanding that such applicants must accept a transfer to a non-accessible unit at a later date if a person with a mobility impairment requiring the unit applies for housing and is determined eligible.

E. FAMILY MOVES

When a change in the circumstances of a tenant family requires another unit size, the family's move depends upon the availability of a suitable size and type of unit. If the unit is not available at the time it is requested, the family will be placed on the Transfer List.

The unit considerations in this section should be used as a guide to determine whether and when the bedroom size should be changed. If an unusual situation occurs, which is not currently covered in this policy, the case should be taken to the Executive Director who will make determination after reviewing of the situation, the individual circumstances, and the verification provided.

See Chapter 11 – *Reexaminations*

Chapter 6

DETERMINATION OF TOTAL TENANT PAYMENT [24 CFR 5.609, 5.611, 5.613, 5.615, 5.628, 5.630]

INTRODUCTION

The accurate calculation of annual income and adjusted income will ensure that families are not paying more or less money for rent than their obligation under the regulations.

This Chapter defines the allowable deductions from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). Income and TTP are calculated in accordance with 24 CFR Part 5, Subpart F and further instructions set forth in HUD Notices, Memoranda and Addenda. However, the Quality Housing and Work Responsibility Act of 1996 now gives PHAs broader flexibility. The PHA's policies in this Chapter address those areas that allow the PHA discretion to define terms and to develop standards in order to assure consistent application of the various factors that relate to the determination of TTP.

A. INCOME AND ALLOWANCES

Income: The types of money that are to be used as income for purposes of calculating the TTP are defined by HUD in Federal regulations. In accordance with this definition, income from all sources of each member of the household is documented. (See Income Inclusions and Income Exclusions in the Glossary of Terms of this Policy.)

Annual Income is defined as the gross amount of income anticipated to be received by the family during the twelve (12) months after certification or re-certification. Gross income is the amount of income prior to any HUD allowable expenses or deductions, and does not include income that has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits. [24 CFR 960.201]

Adjusted Income is defined as the annual income minus any HUD allowable deductions.

Permissive Deductions

The SHA does not adopt any additional permissive deductions to annual income of tenants.

Allowable Deductions

HUD has five (5) allowable deductions from Annual Income:

1. Dependent allowance: \$480 each for family members (other than the head or spouse), who are minors, and for family members who are 18 years of age and older who are full-time students or who are disabled.
2. "Elderly" allowance: \$400 per household for families whose head or spouse is 62 years of age or over or disabled.
3. Allowable medical expenses for all family members are deducted for elderly and disabled families.
4. Childcare expenses for children under 13 years of age are deducted when childcare is necessary to allow an adult family member to work, actively seek work, or attend school (including vocational training).
5. Expenses for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an adult family member to work.

B. TRAINING INCOME EXCLUSIONS [24 CFR 5.609(c)]

The SHA believes that training income exclusions are an important factor in helping public housing participants move from welfare and dependence to greater self-sufficiency.

The SHA will share information regarding new policies governing training income derived from qualifying employment-training programs with applicants, participants and local social service providers. The SHA's objective is to encourage families to move toward self-sufficiency by excluding from their annual income certain amounts earned through participation in various qualifying training programs. These training programs are aimed at offering the resident gainful employment skills. The exclusion of training income, in the calculation of annual income, is meant to be an incentive. It is the SHA's hope that welfare agencies will adopt or modify their programs so that welfare recipients living in Public Housing will receive the maximum benefits from these income exclusions.

In order to be eligible for the exclusion the resident must actually receive training under the provisions of the program. For purposes of this exclusion, it is not enough for the resident to merely be enrolled.

The following is the training program that is eligible for one or more types of income exclusions:

- **Training Income Exclusions in Accordance with 24 CFR 5.609(c)(8)(v)**

This type of training program is in accordance with 24 CFR 5.609 (c) (8)(v) and has features that allow the training income of assisted housing residents to be excluded only while the resident is actively enrolled in the training program.

A training program qualifying under 24 CFR 5.609 (c)(8)(v) is defined as one with goals and objectives designed to lead to a higher level of proficiency, and one which enhances the individual's ability to obtain employment. The training program may have performance standards to measure proficiency. Training may include, but is not limited to:

- Classroom training in a specific occupational skill;
- On-the-job training with wages subsidized by the program, or
- Basic education.

For this purpose Annual Income does not include the following:

- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs.

C. DISALLOWANCE OF EARNED INCOME FROM RENT DETERMINATIONS

The annual income for qualified families may not be increased as a result of increases in earned income beginning on the date on which the increase in earned income begins and continuing for a cumulative 12-month period. After the family receives 12 cumulative months of the full exclusion, annual income will include a phase-in of half the earned income excluded from annual income.

A family qualified for the earned income exclusion is a family that occupies a dwelling unit in a public housing project, is paying income-based rent; and

1. Whose annual income increases as a result of employment of a family member who was previously unemployed for one or more years prior to employment;
2. Whose annual income increases as a result of increased earnings by a family member during participation in any economic self-sufficiency or other job training program; or
3. Whose annual income increases, as a result of new employment or increased earnings of a family member during or within six months after receiving assistance, benefits or services under any State program for Temporary Assistance for Needy Families (TANF) provided that the total amount over a six month period is at least \$500.

The HUD definition of "previously unemployed" includes a person who has earned in the previous 12 months no more than the equivalent earnings for working 10 hours per week for 50 weeks at the minimum wage. Minimum wage is the prevailing minimum wage in the State or locality.

The HUD definition of economic self-sufficiency program is any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families. Such programs may include job training, employment counseling, work

placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

Amounts to be excluded are any earned income increases of a family member during participation in an economic self-sufficiency or job training program and not increases that occur after participation, unless the training provides assistance, training or mentoring after employment.

The amount of TANF received in the six-month period includes monthly income and such benefits and services as one-time payments, wage subsidies and transportation assistance.

The amount that is subject to the disallowance is the amount of incremental increase in income of a family member. The incremental increase in income is calculated by comparing the amount of the family member's income before the beginning of qualifying employment or increase in earned income to the amount of such income after the beginning of employment or increase in earned income.

Initial Twelve-Month Exclusion:

During the cumulative 12-month period beginning on the date a member of a qualified family is first employed or the family first experiences an increase in annual income attributable to employment, the SHA will exclude from annual income any increase in income of the family member as a result of employment over the prior income of that family member.

Second Twelve-Month Phase-in Exclusion:

During the second cumulative 12-month period after the expiration of the initial cumulative 12-month period referred to above, the SHA must exclude from annual income of a qualified family fifty percent (50%) percent of any increase in income of a family member as a result of employment over income of that family member prior to the beginning of such employment.

Maximum Four-Year Disallowance

The earned income disallowance is limited to a lifetime 48-month period for each family member. For each family member, the disallowance only applies for a maximum of 12 months of full exclusion of incremental increase, and a maximum of 12 months of phase-in exclusion during the 48-month period starting from the date of the initial exclusion.

If the period of increased income does not last for 12 consecutive months, the disallowance period may be resumed at any time within the 48-month period and continued until the disallowance has been applied for a total of 12 months of each disallowance (the initial 12-month full exclusion and the second 12-month phase-in exclusion).

No earned income disallowance will be applied after the 48-month period following the initial date the exclusion was applied.

Applicability to 18-month Training Income Exclusions [formerly found in 24 CFR 5.609(c)(13)]:

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If a tenant meets the criteria for the mandatory earned income disallowance as outlined in 24 CFR 960.255, the SHA shall not deny a tenant the disallowance based on receipt of the earlier 18-month exclusion.

Applicability to Child Care and Disability Assistance Expense Deductions:

The amount deducted for childcare and disability assistance expenses necessary to permit employment shall not exceed the amount of employment income that is included in annual income. Therefore, for families entitled to the earned income disallowance, the amounts of the full and phase-in exclusions from income shall not be used in determining the cap for childcare and disability assistance expense deductions.

Tracking the Earned Income Exclusion

The earned income exclusion will be reported on the HUD-50058 form. Documentation will be included in the family's file to show the reason for the reduced increase in rent.

Such documentation may include:

- Date the increase in earned income was reported by the family;
- Name of the family member whose earned income increased;
- Reason (new employment, participation in job training program, within six (6) months after receiving TANF) for the increase in earned income;
- Amount of the increase in earned income (amount to be excluded);
- Date the increase in income is first excluded from annual income;
- Date(s) earned income ended and resumed during the initial cumulative 12-month period of exclusion (if any);
- Date the family member has received a total of 12 months of the initial exclusion;
- Date the 12-month phase-in period began;
- Date(s) earned income ended and resumed during the second cumulative 12-month period (phase-in) of exclusion (if any);
- Date the family member has received a total of 12 months of the phase-in exclusion;
- Ending date of the maximum 48-month (four year) disallowance period (48 months from the date of the initial earned income disallowance).

The SHA will maintain a tracking system to ensure correct application of the earned income disallowance.

Inapplicability to Admission

The earned income disallowance is only applied to determine the annual income of families residing in public housing, and therefore does not apply for purposes of admission (including the determination of income eligibility or any income targeting that may be applicable).

D. INDIVIDUAL SAVINGS ACCOUNTS

The SHA chooses not to establish a system of individual savings accounts for families who qualify for the disallowance of earned income.

E. TRAINING PROGRAMS FUNDED BY HUD

All training income from a HUD sponsored or funded training program, whether incremental or not, is excluded from the resident's annual income while the resident is in training. Income from a Resident Services training program, which is funded by HUD, is excluded.

F. WAGES FROM EMPLOYMENT WITH THE PHA OR RESIDENT ORGANIZATION

Upon employment with the SHA or officially recognized Resident Organization, the full amount of employment income received by the person is counted. There is no exclusion of income for wages funded under the 1937 Housing Act Programs, which includes public housing and Section 8.

G. AVERAGING INCOME

When Annual Income cannot be anticipated for a full twelve (12) months, the SHA will annualize current income and conduct an interim reexamination if income changes.

If there are bonuses or overtime that the employer cannot anticipate for the next twelve (12) months, bonuses and overtime received the previous year will be used.

Income from the previous year may be analyzed to determine the amount to anticipate when third party or check-stub verification is not available.

If by averaging, an estimate can be made for those families whose income fluctuates from month to month, this estimate will be used so that the housing payment will not change from month to month.

The method used depends on the regularity, source and type of income.

H. MINIMUM INCOME

There is no minimum income requirement. Families who report zero income are required to complete a written certification every 90 days and undergo an interim recertification every 90 days.

Families that report zero income will be required to provide information regarding their means of basic subsistence, such as food, utilities, transportation, etc.

The SHA will request credit checks for all adult members of families that report zero income.

Where credit reports show credit accounts open and payments current, the SHA will take action to investigate the possibility of fraud or program abuse.

I. INCOME OF PERSON PERMANENTLY CONFINED TO NURSING HOME

If a family member is permanently confined to a hospital or nursing home and there is a family member left in the household, the SHA will calculate the Total Tenant Payment by:

- *Excluding the income of the person permanently confined to the nursing home and not giving the family deductions for medical expenses of the confined family member.*

J. REGULAR CONTRIBUTIONS AND GIFTS [24 CFR 5.609(a)(7)]

Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment.

Any contribution or gift received every two (2) months or more frequently will be considered a "regular" contribution or gift, unless the amount is less than \$100 per year. This includes rent and utility payments made on behalf of the family and other cash or non-cash contributions provided on a regular basis. It does not include casual contributions or sporadic gifts.

If the family's expenses exceed their known income, the SHA will make inquiry of the family about contributions and gifts.

K. ALIMONY AND CHILD SUPPORT [24 CFR 5.609(a)(7)]

Regular alimony and child support payments are counted as income for calculation of Total Tenant Payment.

If the amount of child support or alimony received is less than the amount awarded by the court, the SHA must use the amount awarded by the court unless the family can verify that they are not receiving the full amount.

The SHA will accept as verification that the family is receiving an amount less than the award if:

- The SHA receives verification from the agency responsible for enforcement or collection.
- The family furnishes documentation of child support or alimony collection action filed through a child support enforcement/collection agency, or has filed an enforcement or collection action through an attorney.

It is the family's responsibility to supply a copy of the divorce decree.

L. LUMP-SUM RECEIPTS [24 CFR 5.609(b)(4 and 5), (c)(3 and 14)]

Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, are not included in income but may be included in assets.

Lump-sum payments caused by delays in processing periodic payments (unemployment or welfare assistance) are counted as income. Lump sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset. Deferred periodic payments that have accumulated due to a dispute will be treated the same as periodic payments that are deferred due to delays in processing.

In order to determine amount of retroactive tenant rent that the family owes as a result of the lump sum receipt, the SHA uses a calculation method that calculates retroactively or prospectively depending on the circumstances.

Prospective Calculation Methodology

If the payment is reported on a timely basis, the calculation will be done prospectively and will result in an interim adjustment calculated as follows:

- The entire lump-sum payment will be added to the annual income at the time of the interim.
- The SHA will determine the percent of the year remaining until the next annual re-certification as of the date of the interim (three months would be 25% of the year).
- At the next annual re-certification, the SHA will apply the percentage balance (75% in this example) to the lump sum and add it to the rest of the annual income.
- The lump sum will be added in the same way for any interims that occur prior to the next annual re-certification.

Retroactive Calculation Methodology

The SHA will go back to the date the lump-sum payment was received, or to the date of admission, whichever is closer.

The SHA will determine the amount of income for each certification period, including the lump sum, and recalculate the tenant rent for each certification period to determine the amount due the SHA.

The family must pay this "retroactive" amount to the SHA in a lump sum.

The amount owed by the family is a collectible debt even if the family becomes unassisted.

Attorney Fees

The family's attorney fees may be deducted from lump-sum payments when computing annual income if the attorney's efforts have recovered lump-sum compensation, and the recovery paid to the family does not include an additional amount in full satisfaction of the attorney fees.

M. CONTRIBUTIONS TO RETIREMENT FUNDS - ASSETS

Contributions to company retirement/pension funds are handled as follows:

- While an individual is employed, count as assets only amounts the family can withdraw without retiring or terminating employment.
- After retirement or termination of employment, count any amount the employee elects to receive as a lump sum.

N. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

The SHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The SHA will count the difference between the market value and the actual payment received in calculating total assets. The difference will be included in calculating total assets for two years.

Assets disposed of as a result of foreclosure or bankruptcy are not considered to be assets disposed of for less than fair market value. Assets disposed of as a result of a divorce or separation are not considered to be assets disposed of for less than fair market value.

The SHA's minimum threshold for counting assets disposed of for less than fair market value is \$2,000. If the total value of assets disposed of within the two-year period is less than \$2,000 they will not be considered an asset.

O. CHILD CARE EXPENSES

Un-reimbursed child care expenses for children under 13 years of age may be deducted from annual income if they enable an adult to work, actively seek work, attend school full time, or attend full-time vocational training.

In the case of a child attending private school, only before or after-hours care can be counted as childcare expenses.

If a tenant is eligible for the earned income disallowance, the amount of deduction for childcare expenses necessary to permit employment shall not exceed the amount of employment income that is included in annual income. Therefore, the disregarded or excluded amounts cannot be used in determining the cap for the childcare expense deduction.

Childcare expenses cannot be allowed as a deduction if there is an adult household member capable of caring for the child who can provide the childcare. Examples of those adult members who would be considered *unable* to care for the child include:

- An abuser in a documented child abuse situation, or
- A person with disabilities or older person unable to take care of a small child, as verified by a reliable knowledgeable source.

Childcare expenses must be reasonable. Reasonable is determined by what the average childcare rates are in the SHA's jurisdiction.

Allowability of deductions for childcare expenses is based on the following guidelines:

Childcare to work: The maximum childcare expense allowed must be less than the amount earned by the person enabled to work. The "person enabled to work" will be the adult member of the household who earns the least amount of income from working.

Childcare for school: The number of hours claimed for childcare may not exceed the number of hours the family member is attending school (including one hour travel time to and from school.).

Amount of Expense: The SHA will survey the local care providers in the community to determine what is reasonable. The SHA will use the collected data as a guideline. If the hourly rate materially exceeds the guideline, the SHA may calculate the allowance using the guideline.

P. MEDICAL EXPENSES [24 CFR 5.603]

When it is unclear in the HUD rules as to whether or not to allow an item as a medical expense, IRS Publication 502 will be used as a guide.

Non-prescription medicines must be prescribed by a doctor or licensed health professional in order to be considered a medical expense.

Chiropractic services will be considered allowable medical expenses.

Q. PRORATION OF ASSISTANCE FOR "MIXED" FAMILIES [24 CFR 5.520]

Applicability

Proration of assistance must be offered to any "mixed" applicant or participant family. A "mixed" family is one that includes at least one U.S. citizen or eligible immigrant and any number of ineligible members.

"Mixed" families that were participants on June 19, 1995, and that do not qualify for continued assistance must be offered prorated assistance. (See Chapter 11 – Reexaminations)

Applicant mixed-families are entitled to prorated assistance. Families that become mixed after June 19, 1995, by addition of an ineligible member are entitled to prorated assistance.

Prorated TTP Calculation for Mixed Families

Prorated assistance will be calculated by subtracting the Total Tenant Payment from the applicable Maximum Rent for the unit the family occupies to determine the Family Maximum Subsidy. The family's TTP will be calculated by:

- Dividing the Family Maximum Subsidy by the number of persons in the family to determine Member Maximum Subsidy.
- Multiplying the Member Maximum Subsidy by the number of eligible family members to determine Eligible Subsidy.
- Subtracting the amount of Eligible Subsidy from the applicable Maximum Rent for the unit the family occupies to get the family's Revised Total Tenant Payment.

Prorated Flat Rent for Mixed Families

The SHA has no public housing units in which the applicable Maximum Rent is greater than the flat rent. Therefore, if the Mixed Family chooses flat rent, the family will pay the flat rent for the unit.

R. INCOME CHANGES RESULTING FROM WELFARE PROGRAM REQUIREMENTS

The SHA will not reduce the public housing rent for families whose welfare assistance is reduced specifically because of:

- Fraud; or
- Failure to participate in an economic self-sufficiency program; or
- Non-compliance with a work activities requirement

However, the SHA will reduce the rent if the welfare assistance reduction is a result of:

- The expiration of a lifetime time limit on receiving benefits; or
- A situation where a family member has complied with welfare agency economic self-sufficiency or work activities requirements but cannot or has not obtained employment; or
- A situation where a family member has not complied with other welfare agency requirements.

Imputed welfare income is the amount of annual income not actually received by a family as a result of a specified welfare benefit reduction that is included in the family's income for rental contribution.

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Imputed welfare income is not included in annual income if the family was not an assisted resident at the time of sanction.

The amount of imputed welfare income is offset by the amount of additional income a family receives that begins after the sanction was imposed.

- When additional income is at least equal to the imputed welfare income, the imputed welfare income is reduced to zero.

Verification Before Denying a Request to Reduce Rent

The SHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced for fraud or noncompliance *before* denying the family's request for rent reduction.

The welfare agency, at the request of the SHA, will inform the SHA of:

- Amount and term of specified welfare benefit reduction for the family;
- Reason for the reduction; and
- Subsequent changes in term or amount of reduction.

Cooperation Agreements

The SHA has an unwritten cooperation agreement in place with the local welfare agency that assists the SHA in obtaining the necessary information regarding welfare sanctions.

S. UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS

If the cost of utilities (excluding telephone) is not included in the Tenant Rent, a utility allowance will be deducted from the total tenant payment. The Utility Allowance is intended to help defray the cost of utilities not included in the rent. The allowances are based on the monthly cost of reasonable consumption of utilities in an energy conservative household, *not* on a family's actual consumption.

When the Utility Allowance exceeds the family's Total Tenant Payment, the SHA will provide a Utility Reimbursement Payment for the family each month. The check will be made out directly to the tenant.

Resident-Paid Utilities

The following requirements apply to residents living in developments with resident-paid utilities or applicants being admitted to such developments:

When the supplier of utilities offers a "budget" or level payment plan, it shall be suggested to the resident to pay his/her bills according to this plan. This protects the resident from large seasonal fluctuations in the cost of utilities and ensures adequate heat in the winter. If the family is receiving TANF, the SHA will encourage the family to consider a vendor payment plan for rent and utilities.

If a resident or applicant is unable to get utilities connected because of a previous balance owed to the utility company, the resident/applicant will not be permitted to move into a unit with resident paid utilities. This may mean that a current resident cannot transfer to a scattered site or that an applicant cannot be admitted to a unit with resident-paid utilities.

Paying the utility bill is the resident's obligation under the lease. Failure to pay utilities is grounds for eviction.

T. EXCESS UTILITY PAYMENTS

Residents in units where the SHA pays the utilities may be charged for excess utilities if additional appliances or equipment are used in the unit. This charge shall be applied as specified in the lease. [24 CFR 966.4(b)(2)]

U. FLAT RENTS

Methodology For Setting Flat Rents

Section 523 of the Quality Housing and Work Responsibility Act (QHWRA) states that *flat rents* are to be based on the rental value of the unit, which HUD interprets to be the same as the reasonable market value of the unit authorized for ceiling rents. The QHWRA states that flat rents *should not "exceed the actual monthly costs to the public housing agency attributable to providing and operating the dwelling unit"*.

Under guidance of PIH Notice 98-41, the March 15, 1989 PIH Notice on *ceiling rents*, and subsequent HUD guidance, the SHA has established its Schedule of Flat Rents based on the operating cost of the public housing units, rental value (market value) of the units, and SHA and QHWRA objectives for encouraging residents to work.

- The monthly costs to operate the housing of the SHA was defined as: one twelfth of the sum of all annual operating expenses reported on the Statement of Operating Receipts and Expenditures as of the end of the most recent fiscal year and the aggregate annual utility allowances for all tenant paid utilities; minus the sum of (1) excess utility charges and (2) annual cost, if any, associated with units approved for deprogramming. The following unit size adjustment factors are applied to the Operating Costs:

0 BR – 0.70	1 BR – 0.85	2 BR – 1.00	3 BR – 1.25	4 BR – 1.40
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- No adjustment was made to account for a deposit to replacement reserve since such reserve is not currently applicable to the public housing program.

- SHA’s objective is to set Flat Rents at a level to encourage residents to obtain work and/or to increase their incomes. Therefore, the flat rents are set at operating cost if it is lower than market value. If market value is less than operating cost, flat rents will be set at an amount not less than 90% of operating costs.
- The following schedule of *flat rents* will be in effect until adoption of any subsequent changes pursuant to a resolution of the Board of Commissioners:

1-BR	2-BR	3-BR	4-BR
\$246	\$324	\$429	\$643

V. FAMILY CHOICE IN RENTS

Authority for Family to Select

The SHA shall provide for each family residing in a public housing unit to elect annually whether the rent paid by such family shall be 1) determined based on family income or 2) the flat rent. The SHA may not at any time fail to provide both such rent options for any public housing unit owned, assisted or operated by the SHA.

- **Annual choice:** The SHA shall provide for families residing in public housing units to elect annually whether to pay income-based or flat rent.

Allowable Rent Structures

Flat Rents

The SHA has established, for each dwelling unit in public housing, a flat rent amount for the dwelling unit, which:

- Is based on the rental value of the unit, as determined by the SHA; and
- Is designed so that the rent structures do not create a disincentive for continued residency in public housing by families who are attempting to become economically self-sufficient through employment or who have attained a level of self-sufficiency through their own efforts.

The rental policy developed by the SHA encourages and rewards employment and self-sufficiency.

The SHA’s methodology used to establish flat rents is described in the PHA Plan.

The SHA shall review the income of families paying flat rent not less than once every three years. Family composition will be reviewed annually for all families, including those paying flat rent.

Income-Based Rents

The monthly Total Tenant Payment amount for a family shall be an amount, as verified by the SHA, which does not exceed the greatest of the following amounts:

- 30% of the family's monthly adjusted income; or
- 10% of the family's monthly income; or
- \$50.00, Minimum Rent.

Switching Rent Determination Methods Because of Hardship Circumstances

In the case of a family that has elected to pay the SHA's flat rent, the SHA shall immediately provide for the family to pay rent in the amount determined under income-based rent, during the period for which such choice was made, upon a determination that the family is unable to pay the flat rent because of financial hardship, including:

- Situations in which the income of the family has decreased because of changed circumstances, loss of or reduction of employment, death in the family, and reduction in or loss of income or other assistance;
- An increase, because of changed circumstances, in the family's expenses for medical costs, child care, transportation, education, or similar items; and
- Such other situations as may be determined by the SHA.

All hardship situations will be verified.

Once a family switches to income-based rent due to hardship, the family must wait until the next annual reexamination to elect whether to pay income-based rent or flat rent.

Annual Reexamination

The SHA will schedule a reexamination of family income and composition for all families currently paying rent based composition on their income (i.e., formula-based rent). The re-exam appointment will be scheduled 90-120 days in advance of the effective date of the Lease. Families currently paying a flat-rent will receive annual request to confirm family composition for upcoming year; re-exam of family income will occur every three (3) years. The confirmation of family composition will indicate family's right to request an income review if they have experienced a loss of income or increase in allowable expense that may result in an income-based rent of less than the current flat rent.

If the family indicates they choose flat rent, the family will fill out and return a SHA form to certify family composition. This form will be retained in the tenant file.

If the family indicates they choose income-based rent, a reexamination appointment will be scheduled according to SHA policy.

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Chapter 7

VERIFICATION PROCEDURES

[24 CFR, Part 5, Subpart B; 24 CFR 960.259]

INTRODUCTION

HUD regulations require that the factors of eligibility and Total Tenant Payment be verified by the PHA. Applicants and program tenants must furnish proof of their statements whenever required by the SHA, and the information they provide must be true and complete. The SHA's verification procedures are designed to meet HUD's requirements and to maintain program integrity. This Chapter explains the SHA's procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and when there are changes in family members. The SHA will ensure that proper authorization for release of information is always obtained from the family before making verification inquiries.

A. METHODS OF VERIFICATION AND TIME ALLOWED

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The SHA will verify information through the four methods of verification acceptable to HUD in the following order:

1. **Third-Party Written:** The SHA's first choice is a written third-party verification to substantiate claims made by an applicant or resident.
2. **Third-Party Oral:** The SHA may also use telephone verifications.
3. **Review of Documents:** The SHA will review documents, when relevant, to substantiate the claim of an applicant or resident.
4. **Family Certification:** A *notarized* family certification will be accepted when no other form of verification is available.

If third-party verification is not received directly from the source, SHA staff will document the file as to why third party verification was impossible to obtain and another method was used (such as reviewing documents families provide.) (See Chapter 3 - *Applying for Admission*)

The SHA will not delay the processing of an application beyond two weeks because a third-party information provider does not return the verification in a timely manner.

For applicants, verifications may not be more than ninety (90) days old at the time of a unit offer. For tenants, they are valid for 90 days from date of receipt.

Regardless of these timeframes, Criminal History Reports for the prior twelve (12) month period will be used as a valid form of verification.

Third-Party Written Verification

Third-party verification is used to verify information directly with the source. Third-party written verification forms will be sent and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the source are considered third party written verifications.

Third-Party Oral Verification

Oral third-party verification will be used when written third-party verification is delayed or not possible. When third-party oral verification is used, staff will be required to complete a Certification of Document Viewed or Person Contacted form, noting with whom they spoke, the date of the conversation, and the facts provided. If oral third-party verification is not available, the SHA will compare the information to any documents provided by the Family. If provided by telephone, the SHA must originate the call.

Review of Documents

In the event that third-party written or oral verification is unavailable, or the third party has not verified the information within **two (2) weeks**, the SHA will utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will complete a Certification of Document Viewed or Person Contacted form.

The SHA will accept the following documents from the family provided that the document is such that tampering would be easily noted:

- Printed wage stubs
- Computer printouts from the employer
- Signed letters (provided that the information is notarized or confirmed by phone)
- Other documents noted in this Chapter as acceptable verification

The SHA will accept faxed documents.

The SHA will not accept photocopies. Families must provide original documents. Staff will photocopy the original (except when prohibited by law), and return the document to the family.

If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the SHA will utilize the third party verification.

Self-certification/Self-declaration

When verification cannot be made by third-party verification or review of documents, families will be required to submit self-certification.

Self-certification means a *notarized statement*.

Types of verification

The chart on the following page and in further detail in Section E outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third-party verification, the SHA will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

– Got to next page for Chart of Common Examples of Verification Requirements –

Common Examples of Verification Requirements for Individual Items		
Item to Be Verified	3 rd Party Verification	Review of Documents
Income		
Earned income	Letter or completed SHA issued form from employer.	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts, etc.
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	Bank deposits, other similar evidence.
Alimony/child support	Court order, letter or completed SHA issued form from source or Human Services.	Record of deposits, divorce decree.
Periodic payments (i.e., social security, welfare, pensions, workers compensation, unemployment)	Letter or electronic reports from the source	Award letter, letter announcing change in amount of future payments.
<i>Training program participation</i>	Letter from program provider indicating: <ul style="list-style-type: none"> • Whether enrolled or completed • Whether training is HUD-funded • Whether Federal, State, local govt., or local program • Whether it is employment training • Whether it has clearly defined goals and objectives • Whether program has supportive services • Whether payments are for out-of-pocket expenses incurred in order to participate in a program • Date of first job after program completion 	Evidence of job start

Common Examples of Verification Requirements for Individual Items		
Item to Be Verified	3 rd Party Verification	Review of Documents
General Eligibility		
Social Security Number	Letter from Social Security Administration, electronic reports.	Social Security card
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc.	Proof of SSI or Social Security disability payments.
Full time student status (if older than 18 years)	Letter from school on school's letterhead.	For high school students, any document proving enrollment.
Need for a live-in aide	Letter from a qualified diagnostician.	N/A
Child care costs	Letter from care provider.	Bills and receipts.
Disability assistance expenses	Letters from suppliers, care givers, etc.	Bills and records of payment.
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed.	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls, etc.

- Continue on Next Page -

Common Examples of Verification Requirements for Individual Items		
Item to Be Verified	3 rd Party Verification	Review of Documents
Value of and Income from Assets		
Savings, checking accounts	Letter from financial institution.	Passbook, most current statements.
CD's, bonds, etc	Letter from financial institution.	Income Tax return, information brochure from institution, the CD, the bond.
Stocks	Letter from broker or holding company.	Stock or most current statement, price in newspaper or through Internet.
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return.
Personal property	Assessment, bluebook, etc.	Receipt for purchase, other evidence of worth.
Cash value of life insurance policies	Letter from insurance company.	Current statement.
Assets disposed of for less than fair market value	NA	Original receipt and receipt at disposition, other evidence of worth.

B. RELEASE OF INFORMATION

All adults, and head of house and spouse regardless of age, are required to sign HUD form 9886, Authorization for Release of Information/Privacy Act Notice.

In addition, the family will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886.

Each member requested to consent to the release of information will be provided with a copy of the appropriate forms for their review and signature.

Family refusal to cooperate with the HUD prescribed verification system will result in denial of admission or termination of tenancy because it is a family obligation under tenancy to supply any information requested by the SHA or HUD.

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C. COMPUTER MATCHING

When the SHA receives notification from HUD that a family has been sent an “income discrepancy” letter, the SHA will:

- Wait 40 days after the date of notification before contacting tenant.
- After 40 days following the date of notification, the PHA will contact the tenant by mail asking the family to promptly furnish any letter or other notice by HUD concerning the amount or verification of family income.

The SHA will fully document the contact in the tenant’s file, including a copy of the letter to the family.

When the family provides the required information, the SHA will verify the accuracy of the income information received from the family, review the SHA’s interim re-certification policy, will identify unreported income, will charge retroactive rent as appropriate, and change the amount of rent or terminate assistance, as appropriate, based on the information.

If the amount of rent owed to the SHA exceeds \$1,000 the SHA will seek to terminate assistance.

If tenant fails to respond to SHA:

- The SHA will ask HUD to send a second letter.
- After an additional 40 days, the SHA will ask HUD to send a third letter.
- After an additional 40 days, the SHA will send a letter to the head of household warning of the consequences if the family fails to contact the SHA within two weeks.

If tenant claims a letter from HUD was not received:

- The SHA will ask HUD to send a second letter with a verified address for the tenant.
- After 40 days, the SHA will contact the tenant family.
- If the tenant family still claims they have not received a letter, the SHA will ask HUD to send a third letter.
- After an additional 40 days, the SHA will set up a meeting with the family to complete IRS forms 4506 and 8821.
- If the tenant family fails to meet with the SHA or will not sign the IRS forms, the SHA will send a warning letter to the head of household, notifying the family that termination proceedings will begin within one week if the tenant fails to meet with the SHA and/or sign forms.

If tenant does receive a discrepancy letter from HUD:

- The SHA will set up a meeting with the family.
- If the family fails to attend the meeting, the SHA will reschedule the meeting.
- If the family fails to attend the second meeting, the SHA will send a termination warning.
- The family must bring the original HUD discrepancy letter to the SHA.

If tenant disagrees with the Federal tax data contained in the HUD discrepancy letter:

- The SHA will ask the tenant to provide documented proof that the tax data is incorrect.
- If the tenant does not provide documented proof, the SHA will obtain proof to verify the Federal tax data using third party verification.

D. ITEMS TO BE VERIFIED

- All income not specifically excluded by the regulations.
- Zero income status of household.
- Zero income applicants and residents will be required to complete a family expense form at each certification or re-certification interview.
- Full-time student status including high school students who are 18 years of age or over.
- Current assets including assets disposed of for less than fair market value in preceding two years.
- Childcare expense where it allows an adult family member to be employed, seek employment or to further his/her education.
- Total medical expenses of all family members in households whose head or spouse is elderly or disabled.
- Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus that allow an adult family member to be employed.

Legal Identity

- U.S. citizenship/eligible immigrant status.
- Social Security Numbers for all family members six years of age or older or certification that a family member does not have a Social Security Number.
- Preference status, based upon SHA preferences.
- Familial/Marital status when needed for head or spouse definition.
- Disability for determination of preferences, allowances or deductions.

E. VERIFICATION OF INCOME

This section defines the methods the SHA will use to verify various types of income.

Employment Income

Verification forms request the employer to specify the:

- Dates of employment
- Amount and frequency of pay
- Date of the last pay increase
- Likelihood of change of employment status and effective date of any known salary increase during the next 12 months
- Year to date earnings
- Estimated income from overtime, tips, bonus pay expected during next 12 months

Acceptable methods of verification include:

- Employment verification form completed by the employer.
- Check stubs or earning statements that indicate the employee's gross pay, frequency of pay or year to date earnings.
- W-2 forms plus income tax return forms.
- Self-certification or income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program tenants may be requested to sign an authorization for release of information from the Internal Revenue Service for further verification of income.

In cases where there are questions about the validity of information provided by the family, the SHA will require the most recent federal income tax statements.

Where doubt regarding income exists, a referral to IRS for confirmation will be made on a case-by-case basis.

Social Security, Pensions, Supplemental Security Income (SSI), Disability Income

Acceptable methods of verification include:

- Benefit verification form completed by agency providing the benefits.
- Computer report electronically obtained or in hard copy.
- Award or benefit notification letters prepared and signed by the providing agency.
- Bank statements for direct deposits.

Unemployment Compensation

Acceptable methods of verification include:

- Computer report electronically obtained or in hard copy, stating payment dates and amounts
- Verification form completed by the unemployment compensation agency.
- Payment Stubs.

Welfare Payments or General Assistance

Acceptable methods of verification include:

- SHA verification form completed by payment provider.
- Written statement from payment provider indicating the amount of grant/payment, start date of payments, and anticipated changes in payment in the next 12 months.
- Computer generated Notice of Action.
- Computer generated list of recipients from Welfare Department.

Alimony or Child Support Payments

Acceptable methods of verification include:

1. Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules.
2. A notarized letter from the person paying the support.
3. Copy of latest check and/or payment stubs from Court Trustee. SHA must record the date, amount, and number of the check.
4. Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.
5. If payments are irregular, the family must provide:
 - A copy of the separation or settlement agreement, or a divorce decree stating the amount and type of support and payment schedules.
 - A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.
 - A notarized affidavit from the family indicating the amount(s) received.
 - Welfare Notice of Action showing amounts received by the welfare agency for child support.
 - A written statement from an attorney certifying that a collection or enforcement action has been filed.

Net Income from a Business

In order to verify the net income from a business, the SHA will view IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months.

Acceptable methods of verification include:

1. IRS Form 1040, including:
 - Schedule C (Small Business)
 - Schedule E (Rental Property Income)
 - Schedule F (Farm Income)

If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules such as:

2. Audited or unaudited financial statement(s) of the business.
3. Credit report or loan application.
4. Documents such as manifests, appointment books, cashbooks, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.
5. Family's self-certification/notarized statement as to net income realized from the business during previous years.

The SHA may request the documentation identified in #4 above, regardless of the verification used.

Child Care Business

If an applicant/tenant is operating a licensed day care business, income will be verified as with any other business.

If the applicant/tenant is operating a "cash and carry" operation (licensed or not), the SHA will require the applicant/tenant to complete a form for each customer giving: name of person(s) whose child(ren) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person.

If the family has filed a tax return, the family will be required to provide it.

If childcare services were terminated, a third-party verification will be sent to the parent whose child was cared for.

The SHA will conduct interim reevaluations every 120 days and require the tenant to provide a log with the information about customers and income.

Recurring Gifts

The family must furnish a notarized statement that contains the following information:

- The person who provides the gifts
- The value of the gifts
- The regularity (dates) of the gifts
- The purpose of the gifts

Zero Income Status

Families claiming to have no income will be required to execute verification forms to determine that forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household.

The SHA may request information from the State Employment Development Department.

The SHA may request IRS information from the family.

The SHA may check records of other departments in the jurisdiction (such as government utilities) that have information about income sources of customers.

Full-Time Student Status

Only the first \$480 of the earned income of full time students 18 years of age or older, other than head or spouse, will be counted towards family income.

Financial aid, scholarships and grants received by full time students are not counted towards family income.

Verification of full time student status includes:

- Written verification from the registrar's office or other school official.
- School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

Verification of Income Exclusions

The SHA will attempt third party-verification of income exclusions wherever possible.

When third-party verification of income exclusions is not possible or practical, a review of documents or notarized self-certification will be obtained. Exclusions from income that must be verified and reported on the 50058 include the following:

- Expenditures for business expansion.
- Amortization of capital indebtedness as deductions in determining net income of a business.
- Withdrawals of cash or assets from a professional or business operation if the withdrawal is a reimbursement for cash or assets invested in the operation by the family.
- Allowance for business asset depreciation, based on straight-line depreciation, as provided in the Internal Revenue Service regulations.
- Income from employment of children or foster children under 18 years of age.

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- Earnings in excess of \$480 for each full-time student 18 years of age or older (excluding head of household and spouse).
- Earned income disallowance.
- Amounts earned by temporary Census employees; terms of employment may not exceed 180 days for the purposes of the exclusion.
- Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by the resident for performing a service for the SHA, on a part-time basis, that enhances the quality of life in the development.
- Stipends to reimburse residents for expenses for serving as members of the SHA governing board or commission.
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- The full amounts of military pay of any family member other than the head and spouse. If other family members are away from home in the military, the SHA may remove their name from the lease and exclude their income.
- Other military pay specifically excluded by law (i.e., Desert Storm active duty).
- Income of a live-in aide.
- Earnings and benefits from employment training programs funded by HUD.
- Reimbursement for out-of-pocket expenses while attending a public assisted training program.
- Incremental earnings and benefits from participation in qualifying state and local employment programs.
- Payments to volunteers under the Domestic Volunteer Services Act.
- Payments received under programs funded in whole or in part under the Workforce Investment Act (WIA) (formerly known as the Job Training Partnership Act (JTPA)).
- Earnings and benefits to any family member from an employment training and supportive services program during the exclusion period. The exclusion is applicable only if the family was admitted to the qualifying program prior to October 1, 1999.
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.

- Food stamps.
- Annual Imputed Welfare Income if the family was not an assisted resident at the time of sanction.
- Non-recurrent, short-term benefits under TANF assistance that:
 - Are designed to deal with a specific crisis situation or episode of need;
 - Are not intended to meet recurrent or ongoing needs; and
 - Will not extend beyond four months.
- Work subsidies under TANF assistance (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training).
- Supportive services under TANF assistance such as childcare and transportation provided to families who are employed.
- Refundable earned income tax credits.
- Individual Development Accounts under TANF.
- Services provided under TANF assistance such as counseling, case management, peer support, child care information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support.
- Transportation benefits under TANF assistance provided under a Job Access or Reverse Commute project, pursuant to section 404(k) of the Act, to an individual who is not otherwise receiving assistance.
- Lump-sum pension benefits payable as a death benefit.
- Deferred periodic amounts from SSI benefits that the family member received in a lump sum amount or in prospective monthly amounts.
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of SSI eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
- Deferred periodic amounts from Social Security benefits that the family member received in a lump sum amount or in prospective monthly amounts.
- Child care arranged or provided under the Child Care and Development Block Grant Act.

- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
- Payments received under the Alaska Native Claims Settlement Act.
- Income derived from certain sub-marginal land or the United States that is held in trust for certain Indian tribes.
- Income derived from the disposition of funds of the Grand River Band of Ottawa Indians.
- The first \$2,000 of per capita shares from judgment funds awarded by Indian Claims.
- Payments received under the Maine Indian Claims Settlement Act of 1980.
- Payments received by Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.
- The first \$2,000 of income received by individual Indians derived from interests or trust or restricted land.
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses.
- Full amount of student financial assistance and paid directly to the student or to the educational institution.
- Temporary, nonrecurring or sporadic income (including gifts).
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
- Adoption assistance payments in excess of \$480 per adopted child.
- Refunds or rebates under state or local law for property taxes paid on dwelling unit.
- Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply.

- Payments or allowances under Department of Health and Human Services' (DDHS's) low-income home energy assistance program (LIHEAP).
- Federal scholarships funded under Title IV of The Higher Education Act of 1965, including awards under the Federal work study program or under the Bureau of Indian Affairs student assistance program.
- Payments received from programs funded under Title V of the Older Americans Act of 1965.
- Payments received on or after January 1, 1989 from the Agent Orange Settlement Fund or any fund established pursuant to the settlement in the In Re Agent Orange product liability litigation.
- Earned Income Tax Credit refund tax payments.
- Any allowance paid under provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is a child of a Vietnam Veteran.
- Any amount of crime victim compensation that the applicant (under the Victims Crime Act) receives through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims Crime Act because of the commission of a crime against the applicant.

F. INCOME FROM ASSETS

Acceptable methods of verification include:

Savings Account Interest Income and Dividends

Will be verified by:

1. Account statements, passbooks, certificates of deposit, or SHA verification forms completed by the financial institution.
2. Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
3. IRS Form 1099 from the financial institution provided that the SHA must adjust the information to project earnings expected for the next 12 months.

Interest Income from Mortgages or Similar Arrangements

1. A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)

2. Amortization schedule showing interest for the 12 months following the effective date of the certification or re-certification.

Net Rental Income from Property Owned by Family

1. IRS Form 1040 with Schedule E (Rental Income).
2. Copies of latest rent receipts, leases, or other documentation of rent amounts.
3. Documentation of allowable operating expenses of the property: tax statements, insurance invoices, and bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.
4. Lessee's written statement verifying rent payments to the family and family's notarized statement as to net income realized.

G. VERIFICATION OF ASSETS

Family Assets

The SHA will require the necessary information to determine the current cash value, (the net amount the family would receive if the asset were converted to cash).

- Verification forms, letters, or documents from a financial institution or broker.
- Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.
- Quotes from a stockbroker or realty agent as to net amount family would receive if they liquidated securities or real estate.
- Real estate tax statements if the approximate current market value can be deduced from assessment.
- Financial statements for business assets.
- Copies of closing documents showing the selling price and the distribution of the sales proceeds.
- Appraisals of personal property held as an investment.
- Family's Notarized Statement describing assets or cash held at the family's home or in safe deposit boxes.

Assets Disposed of for Less than Fair Market Value (FMV) during two years preceding effective date of certification or re-certification.

For all Certifications and Re-certifications, the PHA will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or re-certification.

If the family certifies that they have disposed of assets for less than fair market value, verification or certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

H. VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

Child Care Expenses

Written verification from the person who receives the payments is required. If the childcare provider is an individual, s/he must provide a statement of the amount they are charging the family for their services.

Verifications must specify the child care provider's name, address, telephone number, the names of the children cared for, the number and schedule of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods.

Family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources.

Medical and Disability Assistance Expenses

Families who claim medical expenses or expenses to assist a person(s) with disabilities will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. All expense claims will be verified by one or more of the methods listed below:

- Written verification by a doctor, hospital or clinic personnel, dentist, pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.
- Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.
- Written confirmation from the Social Security Administration of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.
- For attendant care:

- A reliable, knowledgeable professional's certification that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.
- Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.
- Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.
- Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.
- Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. SHA may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous year.
- The SHA will use mileage at the SHA rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

Assistance to Persons with Disabilities

In All Cases:

- Written certification from a reliable, knowledgeable professional that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.
- Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

Attendant Care

- Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.
- Certification of family and attendant and/or copies of canceled checks family used to make payments.

Auxiliary Apparatus:

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- Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.
- In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

I. VERIFYING NON-FINANCIAL FACTORS

Verification of Legal Identity

In order to prevent program abuse, the SHA will require applicants to furnish verification of legal identity for all family members.

The documents listed below will be considered acceptable verification of legal identity for adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required:

- Certificate of Birth, naturalization papers
- Church issued baptismal certificate
- Current, valid Driver's license
- U.S. military discharge (DD 214)
- U.S. passport
- Voter's registration
- Company/Agency Identification Card
- Department of Motor Vehicles Identification Card

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

- Certificate of Birth
- Adoption papers
- Custody agreement
- Health and Human Services ID
- School records

If none of these documents can be provided, a third party who knows the person may, at the SHA's discretion, provide verification.

Verification of Marital Status

- Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.
- Verification of a separation may be a copy of court-ordered maintenance or other records.
- Verification of marriage status is a marriage certificate.

Familial Relationships

Certification will normally be considered sufficient verification of family relationships. In cases where reasonable doubt exists, the family may be asked to provide verification.

The following verifications will be required if certification is insufficient:

Verification of relationship:

- Official identification showing name
- Birth Certificates
- Baptismal certificates

Verification of guardianship is:

- Court-ordered assignment
- Affidavit of parent
- Verification from social services agency
- School records

Evidence of an established family relationship:

- Joint bank accounts or other shared financial transactions
- Leases or other evidence of prior cohabitation
- Credit reports showing relationship

Split Households: Domestic Violence

Verification of domestic violence when assessing applicant split households includes:

- Shelter for battered persons
- Police reports
- District Attorney's office

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Verification of Permanent Absence of Adult Member

If an adult member who was formerly a member of the household is reported permanently absent by the family, the SHA will consider any of the following as verification:

- Husband or wife institutes divorce action.
- Husband or wife institutes legal separation.
- Order of protection/restraining order obtained by one family member against another.
- Proof of another home address, such as utility bills, canceled checks for rent, driver license, or lease or rental agreement, if available.
- Statements from other agencies such as social services that the adult family member is no longer living at that location.
- If no other proof can be provided, the SHA will accept a Notarized Statement from the family.
- If the adult family member is incarcerated, a document from the Court or prison should be obtained stating how long they will be incarcerated.

Verification of Change in Family Composition

The SHA may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or Department of Motor Vehicles (DMV) records, and other sources.

Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under 42 U.S.C. Section 423(d)(1)(A) of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehabilitation specialist, or licensed social worker, using the HUD language as the verification format.

Verification of Citizenship/Eligible Immigrant Status

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to contend their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare his or her status once. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the SHA hearing is pending.

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Citizens or Nationals of the United States are required to sign a declaration under penalty of perjury.

Eligible Immigrants who are 62 years of age or over are required to sign a declaration of eligible immigration status and provide proof of age.

Noncitizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The SHA verifies the status through the INS SAVE system. If this primary verification fails to verify status, the SHA must request within ten days that the INS conduct a manual search.

Family members who do not claim to be citizens or eligible immigrants must be listed on a statement of non-contending family members signed by the head of household or spouse.

Noncitizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of non-contending members.

Failure to Provide: If an applicant or tenant family member fails to sign required declarations and consent forms or provide documents, as required, they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

Time of Verification: For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the same time as verification of other factors of eligibility for final eligibility determination. For tenant families, it is done at the first regular re-certification after June 19, 1995. PHAs that previously elected to "opt out" must immediately commence verification of families for whom eligibility status has not been undertaken. For family members added after other members have been verified, the verification occurs at the first re-certification after the new member moves in. Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial SHA does not supply the documents, the SHA must conduct the determination.

Extensions of Time to Provide Documents: The SHA may grant an extension of thirty (30) days for families to submit evidence of eligible immigrant status.

Acceptable Documents of Eligible Immigration: The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register:

- Resident Alien Card (I-551)
- Alien Registration Receipt Card (I-151)
- Arrival-Departure Record (I-94)

- Temporary Resident Card (I-688)
- Employment Authorization Card (I-688B)

Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified.

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigrant status must be kept five years.

The SHA will verify the eligibility of a family member at any time such eligibility is in question, without regard to the position of the family on the waiting list.

Verification of Social Security Numbers

Social security numbers must be provided as a condition of eligibility for all family members ages six and over if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration.

If a family member cannot produce a Social Security Card, only the documents listed below showing his/her Social Security Number may be used for verification. The family is also required to certify in writing that the document(s) submitted in lieu of the Social Security Card information provided is/are complete and accurate:

- A valid Driver license
- Identification card issued by a Federal, State or local agency
- Identification card issued by a medical insurance company or provider (including Medicare and Medicaid)
- An identification card issued by an employer or trade union
- An identification card issued by a medical insurance company
- Earnings statements or payroll stubs
- Bank Statements
- IRS Form 1099
- Benefit award letters from government agencies
- Retirement benefit letter
- Life insurance policies
- Court records (real estate, tax notices, marriage, divorce, judgment or bankruptcy records)
- Verification of benefits or SSN from Social Security Administration

New family members ages six and older will be required to produce their Social Security Card or provide the substitute documentation described above together with their certification that the substitute information provided is complete and accurate. This information is to be provided at the time the change in family composition is reported to the SHA.

If an applicant or tenant is able to disclose the Social Security Number but cannot meet the documentation requirements, the applicant or tenant must sign a certification to that effect provided by the SHA. The applicant/tenant or family member will have an additional sixty (60) days to provide proof of the Social Security Number. If they fail to provide this documentation, the family's tenancy will be terminated.

In the case of an individual at least 62 years of age, the SHA may grant an extension for an additional 60 days up to a total of 120 days. If, at the end of this time, the elderly individual has not provided documentation, the family's tenancy will be terminated.

If the family member states they have not been issued a number, the family member will be required to sign a certification to this effect.

Medical Need for Larger Unit

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable professional.

J. VERIFICATION OF SUITABILITY FOR ADMISSION

Sources to be used to determine suitability include but are not limited to:

- Criminal History Reports
- Prior landlord references
- Physicians, social workers, and other health professionals
- Sanford Housing Authority (SHA) and other PHAs (to whom the family may owe debt)

See Chapter 2 – *Eligibility for Admissions*

Ability to Meet Financial Obligations Under the Lease

All applicants will be subject to the following procedures to ensure their ability to meet financial obligations under the lease:

- All applicants will be interviewed and asked questions about the basic elements of tenancy.
- The SHA will access a Credit Report on all applicants prior to selection.
- The SHA will determine if applicants owe any monies from previous tenancy or participation in any HUD housing program.
- The SHA will independently verify the rent-paying history of all applicants for the previous three (3) years directly with the landlord(s).

Drug-related or Violent Criminal Activity

The SHA will complete a criminal background check of all applicants and any adult household member for which criminal records are available.

Housekeeping

The SHA will obtain references from prior landlords for the previous three (3) years to determine acceptable housekeeping standards.

The SHA may conduct a home visit prior to admission.

Applicants may be required to attend pre-occupancy classes as a condition of admission.

K. VERIFICATION OF WAITING LIST PREFERENCES [24 CFR 60.206]

Local Preferences

1. **Homelessness preference**: This preference is for homeless individuals or homeless persons defined in Section B of Chapter 4 – *Tenant Selection and Assignment Plan*.
2. **Elderly preference**: This preference is in accordance with the 1992 Housing Act, elderly families whose head spouse or sole member is at least 62 years of age, and disabled families whose head, co-head or spouse or sole member is a person with disabilities, will receive equal preference to such units.
3. **Working preference**: This preference is available for families with at least one member who is employed. The SHA will require a statement from the employer.
4. **Disability preference**: The SHA will also give the benefit of this preference to families where the head of house or spouse is age 62 years of age or older; and to families where the head of house or spouse meets the disability definition in CFR 5.403.

Chapter 8

TRANSFER POLICY

INTRODUCTION

When a family executes the dwelling lease with the SHA the lease includes the contractual obligation of the tenant family to timely transfer to another unit if necessary, or otherwise required.

Dwelling unit transfers may be required from time to time to ensure that tenant families are housed in units that are appropriate to meet the needs of the family. This determination is generally made based upon the review of the family's composition. More specifically, the SHA will consider the number of persons authorized to occupy the unit, the ages, sexes and relationship of these persons to one another. **Exceptions** to any required transfer may generally be made for mitigating reasons such as medical, need for handicapped accessible units, etc.

Dwelling unit transfers may occur as a result of:

- SHA's need to relocate a family due to *modernization* activity (generally referred to as relocation of the tenant family);
- Changes in the family's composition which has resulted in either an overcrowded or under-housed tenancy;
- Tenant's request for a transfer (in limited and special situations); or
- Request of a unit of law enforcement.

A. RELOCATION DUE TO MODERNIZATION OR EQUIVALENT DISPLACEMENT ACTIVITY

Whenever a tenant is to be displaced from a public housing unit as a result of planned modernization activity by the SHA (or comparable action) and is offered the opportunity to relocate to a comparable replacement public housing unit, the SHA may, at its discretion, elect to move the tenant family with its own staff or through private contractors, at no cost to the family. In such cases, the family may be entitled to a moving expense and dislocation allowance in an amount established by the SHA.

If the SHA does not elect to take full responsibility for the tenant's move, the tenant family shall have the option to choose either a payment for actual moving and related expenses or the applicable fixed moving expense and dislocation allowance at the HUD-approved established rate at the time of the transfer/move. *This policy covers only displacement and not the general unit transfers described on the following page.*

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B. UNIT TRANSFERS DUE TO CHANGES IN FAMILY COMPOSITION

Tenant agrees that if the SHA determines the size of the assigned residence is no longer appropriate for Tenant’s current housing needs, or does not conform to the Occupancy and Assignment Standards as described in SHA’s Admission and Continued Occupancy Policy, the SHA may send the Tenant a 30-day Notice of Transfer. Tenant further agrees to accept a new Lease for a dwelling unit of the appropriate size.

The SHA may transfer a Tenant into another unit if it is determined necessary to rehabilitate the Tenant’s unit or to provide proper facilities for the family’s care and wellbeing or to provide proper facilities for handicapped or disabled persons.

Tenant is required to move into the dwelling unit made available by the SHA and Tenant has fifteen (15) calendar days following the receipt of the *Notice to Transfer* in which to move. Tenant can receive an extension of up to an additional 15 days, at the Authority’s discretion, subject to evidence of an *undue hardship* on the family. If Tenant refuses to move, the SHA may file for termination in accordance with the Lease.

Examples of “*undue hardships*” which may give rise to an approved extension, or even a delay, may include, but not necessarily be limited to:

- Death in the immediate family
- Jury sequester
- Hospitalization
- Verified medical reason
- Disability, which may establish the “new” unit as non-suitable to meet the family’s housing needs.

C. PRIORITIES FOR UNIT TRANSFERS

Dwelling unit transfers shall be accomplished in a ratio of 1:4. That is, for every four units *turned* for re-occupancy one unit shall be offered to an existing tenant family as a *unit transfer*. Each transfer offer will occur in accordance to the following *priorities* as designated on the SHA’s *transfer waiting list*.

Priority#	Circumstance(s)
1	Families whose units are deemed <i>inaccessible</i> due to a handicap or significant factor of health. In the case of inaccessibility, transfers will be made once an available accessible unit is available regardless of the ratio.
2	Families determined to be overcrowded (based on the number of authorized household members) resulting in more than two persons per bedroom.
3	Families determined to be occupying under-utilized units (i.e., more space than allowed for under SHA’s <i>occupancy standards</i>).
4	Transfers of <i>convenience</i> to the resident family.

D. TENANT REQUESTED/CONVENIENCE TRANSFERS

The SHA will consider a Tenant’s request for transfers in accordance with the transfer priorities established in Section C of this Chapter.

Convenience transfers are transfers to another unit or site for the convenience of the tenant. Request for a transfer must be made in writing to the Housing Manger.

It is the policy of the SHA not to grant a unit transfer simply to accommodate neighbors who “cannot get along”. Activities of the neighbor(s) that violate or impede the right of others to the peaceful enjoyment of their unit will be treated as a lease violation, and termination of tenancy may be pursued by the SHA

E. UNIT TRANSFER DUE TO A REQUEST OF A LAW ENFORCEMENT AUTHORITY

If a unit of the law enforcement community (local or national) makes a written request or recommendation that a resident family be transferred to a different development/unit for any of the reasons listed below:

- Transfer due to family being the victim of a *hate crime* (as defined in the 7/94 Federal Preference regulations;
- Transfer due to family having cooperated/provided information to the law enforcement community which now puts the family at actual or potential threat of reprisal; or
- Transfer due to a family having experienced threatened or actual acts of violence that the law enforcement Authority believes will escalate.

In these instances, the Executive Director may take action believed to be necessary to avoid the increased threat of violence including, but not necessarily limited to:

- By-passing the regular transfer/occupancy staff or function;
- Maintaining the tenant’s file separate from other tenants’ files;
- Concealing/changing the identity of the tenant records.

For purposes of this part, *law enforcement Authority* may include, but not necessarily be limited to:

- Local police department
- County sheriff
- US Marshall

- State Police
- Federal Bureau of Investigations (FBI)
- US Drug Enforcement Authority (DEA)

Chapter 9

LEASING

[24 CFR 966.4]

INTRODUCTION

It is the SHA's policy that all units must be occupied pursuant to a dwelling lease agreement that complies with HUD's regulations [24 CFR Part 966]. This Chapter describes pre-leasing activities and the SHA's policies pertaining to lease execution, security deposits, other charges, and additions to the lease.

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A. LEASE ORIENTATION

Prior to execution of the lease, a SHA representative will provide a lease orientation to the family head and spouse. The orientation may be conducted with more than one family.

The family must attend an orientation before taking occupancy of the unit.

Orientation Agenda

When families attend the lease orientation, they will be provided with:

- A copy of the Lease
- A copy of the SHA's Lease and grievance procedure
- A copy of the House Rules
- A copy of the Housekeeping Policy
- A copy of the Pet Policy
- A copy of the SHA Newsletter

Topics to be discussed will include, but are not limited to:

- Applicable deposits and other charges
- Provisions of the Lease
- Family Choice of Rents
- Orientation to the community
- Unit maintenance and work orders
- Explanation of occupancy forms
- Terms of occupancy
- Community Service

B. LEASE REQUIREMENTS

The initial term of the lease will be for 12 months. The lease will renew automatically for 12-month terms. Because the lease automatically renews for terms of 12 months, an annual signing process is not required.

C. EXECUTION OF LEASE

The lease shall be executed by the head of household, spouse, and all other adult members of the household, and by an authorized representative of the SHA, prior to admission.

The head of household is the person who assumes legal and financial responsibility for the household and is listed on the application as head.

An appointment will be scheduled for the parties to execute the lease. One executed copy of the lease will be given to the tenant, and the SHA will retain one in the tenant's file. The lease is incorporated into this policy by reference. The lease document will reflect current SHA policies as well as applicable Federal, State and Local law.

The following provisions govern lease execution and amendments:

- A lease is executed at the time of admission for all new tenants.
- A new lease is executed at the time of the transfer of a tenant from one SHA unit to another (with no change in reexamination date).
- If, for any reason, any signer of the lease ceases to be a member of the household, the lease will be amended by drawing a line through the party's name and both parties will be required to initial and date the change.
- Lease signers must be persons legally eligible to execute contracts.
- The names and date of birth of all household members are listed on the lease at initial occupancy and on the Application for Continued Occupancy each subsequent year. Only those persons listed on the most recent certification shall be permitted to occupy a dwelling unit.
- Changes to tenant rents are made upon the preparation and execution of a "Notice of Rent Adjustment" by the SHA, which becomes an attachment to the lease. Documentation will be included in the tenant file to support proper notice.
- Households that include a Live-In Aide are required to execute a lease addendum authorizing the arrangement and describing the status of the attendant.
- Households that include a Live-In Aide will contain file documentation that the Live-In Aide is not a party to the lease and is not entitled to SHA assistance, with the exception of occupancy while serving as the attendant for the participant family member.

The SHA may modify its form of lease from time to time, giving tenants an opportunity to comment on proposed changes and advance notice of the implementation of any changes. A tenant's refusal to accept permissible and reasonable lease modifications, or those modifications required by HUD, is grounds for termination of tenancy.

D. ADDITIONS TO THE LEASE

Requests for the addition of a new member of the household must be approved by the SHA, prior to the actual move-in by the proposed new member.

Following receipt of a family's request for approval, the SHA will conduct a pre-admission screening, including the Criminal History Report, of the proposed new member. Only new members approved by the SHA will be added to the household.

Factors determining household additions:

1. Household additions subject to screening:
 - Resident plans to marry;
 - Resident is awarded custody of a child over the age for which juvenile justice records are available;
 - Resident desires to add a new family member to the lease, employ a live-in aide, or take in a foster child(ren).
 - A unit is occupied by a remaining family member(s) under age 18 (not an emancipated minor) and an adult who was not a member of the original household requests permission to take over as the head of household.
2. Factors determining household additions that are not subject to screening:
 - Children born to a family member or whom a family member legally adopts are exempt from the pre-screening process.
3. Factors determining household additions that may be subject to screening, depending on SHA discretion:
 - Children below the age under which juvenile justice records are made available, who are added through a kinship care arrangement, are exempt from the pre-screening process.
 - The SHA will request that the public housing tenant provide the SHA with a signed consent form from the parent(s) or legal guardian allowing the SHA to check the juvenile records of the child. Sources to be checked may include any of the following:
 - School Records (attendance/behavior)
 - Juvenile Probation/Court Records
 - Police Records

4. In such cases where the addition of a new member who has not been born, married, or legally adopted into the family, and the addition will affect the bedroom size required by the family, according to the SHA occupancy standards, the SHA will not approve the addition.
5. The SHA will not approve adding a family consisting of more than one member to the lease. Such applicants will be encouraged to apply to the waiting list.
6. Residents who fail to notify the SHA of additions to the household, or who permit persons to join the household without undergoing screening, are in violation of the lease. Such persons are considered to be unauthorized occupants by the SHA, and the entire household will be subject to eviction [24 CFR 966.4(f)(2 and 3)].
7. Family members age 18 years and over who move from the dwelling unit to establish new households shall be removed from the lease. The tenant must notify the SHA of the move-out within 30 calendar days of its occurrence.

These individuals may not be readmitted to the unit and must apply as a new applicant for placement on the waiting list.

8. The resident may not allow visitors to stay overnight more than 30 days in a 12-month period.

The resident may not allow visitors to stay overnight more than 30 consecutive days in a 12-month period. Visitors who remain beyond this period shall be considered trespassers, and their presence constitutes a breach of the lease.

If an individual other than a leaseholder is representing to an outside agency that they are residing in the lessee's unit, the person will be considered an unauthorized member of the household.

9. Roomers and lodgers are not permitted to occupy a dwelling unit, nor are they permitted to move in with any family occupying a dwelling unit.

Residents are not permitted to allow a former tenant of the SHA who has been evicted to occupy the unit for any period of time.

Residents must advise the SHA when they will be absent from the unit for more than 30 days and provide a means for the SHA to contact the resident in the event of an emergency. Failure to advise the SHA of extended absences is grounds for termination of the lease.

E. LEASING UNITS WITH ACCESSIBLE OR ADAPTABLE FEATURES

[24 CFR 8.27(a)(1)(2) and (b)]

Before offering a vacant accessible unit to a non-disabled applicant, the SHA will offer such units:

- First, to a current occupant of another unit of the same development, or other public housing developments under the SHA's control, who has a disability that requires the special features of the vacant unit.
- Second, to an eligible qualified applicant on the waiting list having a disability that requires the special features of the vacant unit.

The SHA will require a non-disabled applicant to agree to move to an available non-accessible unit within 30 days when either a current resident or an applicant needs the features of the unit and there is another unit available for the applicant. This requirement will be a provision of the lease agreement.

F. UTILITY SERVICES

Tenants responsible for direct payment of utilities must abide by any and all regulations of the specific utility company, including regulations pertaining to advance payments of deposits.

Failure to maintain utility services during tenancy is a lease violation and grounds for eviction.

Non-payment of excess utility charge payments to the SHA is a violation of the lease and is grounds for eviction.

G. SECURITY DEPOSITS

Security Deposit

New tenants must pay a security deposit to the SHA at the time of admission.

The amount of the security deposit required is \$250 and is specified in the lease.

The SHA may permit installment payments of security deposits when a new tenant demonstrates a financial hardship to the satisfaction of the SHA. However, no less than one-half the required deposit must be paid before occupancy.

The remainder of the deposit must be paid within 90 days.

The SHA will hold the security deposit for the period the tenant occupies the unit.

The SHA will refund to the Tenant the amount of the security deposit, less any amount needed to pay the cost of:

- Unpaid Rent;

- Damages listed on the Move-Out Inspection Report that exceeds normal wear and tear;
- Other charges under the Lease.

The SHA will refund the Security Deposit less any amounts owed, within fifteen (15) calendar days after move out and tenant's notification of new address.

The SHA will provide the tenant or the person designated by the former tenant in the event of the former tenant's incapacitation or death with a written list of any charges against the security deposit. If the tenant disagrees with the amount charged to the security deposit, the SHA will provide a meeting to discuss the charges.

The resident must leave the dwelling unit in a clean and undamaged (beyond normal wear and tear) condition and must furnish a forwarding address to the SHA. All keys to the unit must be returned to the Management upon vacating the unit.

The SHA will not use the Security Deposit for payment of rent or other charges while the tenant is living in the unit.

If the tenant transfers to another unit, the SHA will transfer the Security Deposit to the new unit. Maintenance or other charges will be deducted from the tenant's security deposit in accordance with State law and the lease. Additional payments may be required to restore security deposit to the required amount.

Pet Deposit

See Chapter 10 – Pet Policy.

H. RENT PAYMENTS

The tenant rent is due and payable at the SHA-designated location on the 9th of every month. If the 9th falls on a weekend or holiday, the rent is due and payable on the first business day thereafter.

If the SHA does not receive payment by the agreed-upon date, a delinquent rent notice will be sent.

The notification must include an explanation of the circumstances that will delay the tenant's payment, and indicate the date on which full payment will be made.

I. FEES AND NONPAYMENT PENALTIES

If the tenant fails to make payment by the 9th day of the month, and the SHA has not agreed to accept payment at a later date, a Notice to Vacate will be issued to the tenant with a 30-day notice period for failure to pay rent, demanding payment in full or the surrender of the premises.

If the tenant fails to make payment by the 9th day of the month, a late fee of \$20 will be charged.

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A charge of \$25 will be assessed against the tenant for checks, which are returned for non-sufficient funds (NSF), or checks written on a closed account. If the check is not redeemed and the rent satisfied by the 20th of the month, the rent will be considered unpaid.

Any rent payment received will be applied to the oldest rent charges in the resident's account with the exception of debts currently under a payment agreement.

J. SCHEDULES OF SPECIAL CHARGES

Schedules of special charges for services, repairs, utilities and rules and regulations which are required to be incorporated into the lease by reference shall be publicly posted in a conspicuous manner in the project office, and they will be provided to applicants and tenants upon request.

K. MODIFICATIONS TO THE LEASE

Schedules of special charges and rules and regulations are subject to modification or revision. Residents and resident organizations will be provided at least 30 days written notice of the reason(s) for any proposed modifications or revisions, and they will be given an opportunity to present written comments. Comments will be taken into consideration before any proposed modifications or revisions become effective.

A copy of such notice shall be posted in the central office, and:

- Posted in at least two conspicuous places within each structure or building in which tenants affected by the modifications or revisions are located.

After the proposed changes have been incorporated into the lease and approved by the Board, each family will be notified of the effective date of the new lease.

Any modifications of the lease must be accomplished by a written addendum to the lease and signed by both parties.

L. CANCELLATION OF THE LEASE

Cancellation of the tenant's lease is to be in accordance with the provisions contained in the lease agreement and as stated in this policy.

M. INSPECTIONS OF PUBLIC HOUSING UNITS

Initial Inspections

The SHA and the family will inspect the premises prior to occupancy of the unit in order to determine the condition of the unit and equipment in the unit. A copy of the initial inspection, signed by the SHA and the tenant, will be kept in the tenant file.

Any adult member of the household may sign the inspection form for the head of household.

Vacate Inspections

The SHA Inspection Department will access the Vacate Report prepared by housing management staff and will perform a move-out inspection when the family vacates the unit, and will encourage the family to participate in the move-out inspection.

The purpose of this inspection is to determine necessary maintenance and whether there are damages that exceed normal wear and tear. The SHA will determine if there are tenant caused damages to the unit. Tenant caused damages may affect part or all of the family's security deposit.

The move-out inspection also assists the SHA in determining the time and extent of the preparation and repairs necessary to make the unit ready for the next tenant.

The resident is encouraged to participate in the move-out inspection.

Annual Inspections

The SHA will inspect all units annually using HUD's Uniform Physical Condition Standards (UPCS) as a guideline.

The unit will be considered to have failed HUD's Uniform Physical Condition Standards if there are any *life-threatening* Health and Safety deficiencies or if:

- There are one or more non-life-threatening Health and Safety deficiencies.
- There are two or more Level 2 (major) deficiencies.
- There are six or more Level 1 (minor) deficiencies.

If a unit fails inspection due to housekeeping or tenant-caused damages, the resident will be given 30 days to correct noted items, after which a follow-up inspection will be conducted. Residents will be issued a copy of the inspection report with required corrections. If necessary to bring the unit into UPCS compliance, needed repairs will be completed by the SHA.

All inspections will include a check of all smoke alarms to ensure proper working order.

Inspection report will indicate whether required corrections are to be charged to the resident or covered by the SHA. To the extent feasible, required corrections will be repaired by the SHA within fifteen (15) days of the inspection date. Resident will be notified at least two (2) days before the date of the required repairs.

Damages beyond "normal wear and tear" will be billed to the tenant.

Residents who repeatedly "fail" the inspection or cause excessive damage to the unit may be in violation of their lease. Residents who are in violation of their lease due to repeated failed inspection will be scheduled for a lease violation conference.

Quality Control Inspections

The housing management staff will conduct periodic quality control inspections to determine the condition of the unit and to identify problems or issues in which the PHA can be of service to the family.

The SHA Inspection staff will conduct quality control inspections on five percent (5%) of units in which housing management staff requested an inspection

The purpose of these quality control inspections is to assure that repairs were completed at an acceptable level of craftsmanship and within an acceptable time frame.

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The SHA inspection staff will conduct quality control inspections for 5% of units receiving a preventive maintenance inspection within 120 days of the preventive maintenance inspection.

The Property Manager will conduct periodic inspections to determine the condition of the unit and to identify problems or issues in which the SHA can be of service to the family.

Special Inspections

Housing management staff may request a special inspection for housekeeping, unit condition, or suspected lease violation.

HUD representatives or local government officials may review SHA operations periodically and as a part of their monitoring may inspect a sampling of the SHA's inventory.

Other Inspections

The SHA inspector will periodically conduct windshield and/or walk-through inspections to determine whether there may be lease violations, adverse conditions or local code violations.

Playground inspections are conducted quarterly to determine playground safety.

Building exterior and grounds inspections are conducted at all Public Housing properties to determine hazardous conditions as well as to assist in budget preparation.

Emergency Inspections

Housing management staff, including SHA inspectors, may initiate an emergency inspection report to generate a work order if they believe that an emergency exists in the unit or on a Public Housing site. In addition, the inspector may conduct an emergency inspection without a work order and generate a work order after the inspection has been conducted (see *Entry of Premises Notice* in this Chapter). Repairs are to be completed within 24 hours from the time the work order is issued.

Emergency Repairs to be Completed in Less than 24 Hours

The following items are to be considered emergency in nature and require immediate (less than 24 hours) response:

- Lock-out (with proper identification of resident)
- Broken lock which affects unit security

- Broken window glass which affects unit security, is a cutting hazard, or occurs within inclement weather (to be secured or abated)
- Escaping gas
- Plumbing leaks that can cause flooding or damage to the unit
- Natural gas leaks or smell of fumes
- Backed-up sewage
- Electrical hazard
- Units with elderly residents in which the SHA-owned air conditioner or heater (seasonal) or refrigerator is inoperable
- Inoperable smoke detectors will be treated as a 24-hour emergency and will be made operable by the SHA if the smoke detector is in need of repair.
- Blocked or unusable emergency fire exits
- Blocked fire escapes or ladders
- Window security bars preventing exit
- Expired fire extinguishers

Residents who disengage smoke detectors for convenience purposes will be cited. (See "Housekeeping Citations" in this Chapter.)

Entry of Premises Notices

The SHA will give prior written notice for non-emergency inspections. Non-emergency entries to the unit will be made during reasonable hours of the day.

The SHA will provide the family with 48-hour notice prior to entering the unit for non-emergency reasons other than the annual inspection.

If no person is at home, the inspector and another staff member will enter the unit and conduct the inspection. If no one is in the unit, the person(s) who enters the unit will leave a written notice to the resident explaining the reason the unit was entered and the date and time.

A written notice specifying the purpose for non-emergency entry into the unit will be delivered to the premises at least two (2) days before entry.

Where the SHA is conducting regular annual examinations of its housing units, the family will receive two (2) weeks notice of the inspection to allow the family to prepare and be able to pass the inspection.

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Reasons the SHA will enter the unit are:

- Inspections and maintenance
- To make improvements and repairs
- To show the premises for leasing
- In cases of emergency

The family must call the SHA at least 24 hours prior to the scheduled date of inspection to reschedule the inspection, if necessary. The SHA will reschedule the inspection no more than twice unless the resident has a verifiable medical reason that has hindered the inspection. The SHA may request verification. Repairs requested by the family will not require prior notice to the family. Residents are notified in the lease that resident-requested repairs presume permission for the PHA to enter.

Non-Inspection Emergency Entry

The SHA staff will allow access to the unit to proper authorities when issues of health or safety of the tenant are concerned.

Family Responsibility to Allow Inspection

The SHA must be allowed to inspect the unit at reasonable times with reasonable notice. A 48-hour written notice will be considered reasonable in all cases. The resident is notified of the inspection appointment by mail/delivery. The family must call the SHA at least 24 hours before the inspection date to reschedule the inspection, if necessary.

The SHA will reschedule the inspection no more than twice unless the resident has a verifiable medical reason that has hindered the inspection. The SHA may request verification. If the resident refuses to allow the inspection, the resident will be in violation of the lease and the SHA will notify the family of its intended action.

Housekeeping Citations

Residents who "fail" an inspection due to housekeeping will be issued a Housekeeping Citation, and a reinspection will be conducted within five (5) working days by housing management staff.

If the family fails to comply with the reinspection it can result in lease termination. Or if the family is issued another Housekeeping Citation within five days of the reinspection, the family will be summoned for a lease violation conference.

Citations will be issued to residents who purposely and for convenience disengage the unit's smoke detector.

Repeated citations will be considered a violation of the lease.

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Tenant Damages

Repeated failed inspections or damages to the unit beyond normal wear and tear may constitute serious or repeated lease violations.

"Beyond normal wear and tear" is defined as items that could be charged against the tenant's security deposit under state law or court practice.

Chapter 10

PET POLICY

[24 CFR 960, Subpart G]

INTRODUCTION

This policy explains the Sanford Housing Authority's policies on the keeping of pets in general occupancy development and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of the SHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest the SHA.

BACKGROUND

24 CFR 960.707 states that "A resident of a dwelling unit in public housing . . . may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the reasonable requirements of the PHA, if the resident maintains each pet:

1. Responsibly;
2. In accordance with applicable State and local public health, animal control, and animal anti-cruelty laws and regulations; **and**
3. In accordance with the policies established in the PHA Annual Plan for the agency..."

PURPOSE

The purpose of this policy is to establish the SHA's policy and procedures for ownership of pets in general occupancy (family) developments and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

A. SERVICE ANIMALS FOR PERSONS WITH DISABILITIES

Pet rules will not be applied to animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

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B. STANDARDS FOR PETS

Only non-exotic, domesticated pets that are traditionally kept in the home for pleasure rather than for commercial purposes will be allowed under this policy. All pets must not pose a nuisance and/or threat to the residents and/or community-at-large.

Types of Pets Allowed

Only the following types of pets are allowed:

1. Dogs

- Maximum Number: 1
- Maximum adult weight: 25 pounds
- Must be housebroken.
- Must be spayed or neutered – verified by a veterinarian.
- Must have all required inoculations – owner must present certification initially and annually.
- Must be quartered inside the resident’s unit – no doghouses are allowed on the premises.
- Must be kept on a leash and controlled by a responsible individual when taken outside.
- Dishes or containers of food and water will be located in the owner’s apartment.
- Must be licensed as specified now or in the future by State law and local ordinance.
- Any litter and/or defecation resulting from the pet must be removed immediately from the unit and/or premises.
- \$300 deposit is required (\$50 is non-refundable).

2. Cats

- Maximum Number: 1
- Maximum adult weight: 25 pounds
- Must be declawed.
- Must be spayed or neutered – verified by a veterinarian.
- Must have all required inoculations – owner must present certification initially and annually.
- Must be trained to use a litter box or other waste receptacle.
- Must be kept on a leash and controlled by a responsible individual when taken outside.

- Dishes or containers of food and water will be located in the owner's apartment.
- Must be licensed as specified now or in the future by State law and local ordinance.
- Any litter and/or defecation resulting from the pet must be removed immediately from the unit and/or premises.
- \$300 deposit is required (\$50 is non-refundable).

3. Birds

- Maximum Number: 2
- Must be enclosed in a cage at all times and not allowed to fly throughout the apartment unit.
- Cages must be kept clean and all waste must be disposed of immediately and properly.

4. Fish

- Maximum aquarium size: 10 gallons
- Must be maintained on an approved stand.

5. Rodents (rabbit, guinea pig, hamster, or gerbil ONLY)

- Maximum Number: 2
- Must be enclosed in an acceptable cage at all times.
- Must have all inoculations as specified now or in the future by State law or local ordinance.

Types of Pets NOT Allowed

The following are **NOT** considered "common household pets" and will not be approved as pets for SHA residents:

- Domesticated dogs that exceed 25 pounds (animals certified to assist persons with disabilities are exempt from this weight limitation).
- Vicious or intimidating pets. Dog breeds including Pit Bull, Rottweiler, Chow, Boxer, Doberman, Dalmatian, and German Shepard are considered vicious or intimidating breeds and are not allowed.
- Animals who would be allowed to produce offspring for sale.
- Wild, feral, or any other animals that are not amenable to routine human handling.
- Any poisonous animals of any kind.

- Fish in aquariums exceeding ten gallons in capacity.
- Primates.
- Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.
- Pot-bellied pigs.
- Ferrets or other animals whose natural protective mechanisms pose a risk of serious bites and/or lacerations to small children.
- Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children.
- Chicks, turtles, or other animals that pose a significant risk of salmonella infection to those who handle them.
- Pigeons, doves, mynahs, psittacines, and birds of other species that are hosts to the organisms that cause psittacosis in humans.
- Snakes or other kinds of reptiles.

C. REGISTRATION OF PETS

- Pets must be registered with the PHA before they are brought onto the premises.
- Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet:
 - Has received all inoculations required by State or local law.
 - Has no communicable disease(s), and
 - Is pest-free.
- Registration must be renewed and will be coordinated with the annual reexamination date.
 - Proof of license and inoculation will be submitted at least 30 days prior to annual reexamination.
- Each pet owner must provide two color photographs of their pet(s).
- Each pet owner must display a “Pet Here” sticker, provided by the SHA, which will be displayed on the front door of the unit at all times.
- Approval for the keeping of a pet shall not be extended pending the completion of these requirements.

D. REFUSAL TO REGISTER PETS

If the SHA refuses to register a pet, a written notice will be sent to the requesting resident stating the reason(s) for denial. The notice of refusal may be combined with a notice of pet violation

The SHA will refuse to register a pet if:

- The pet is not a “common household pet” as defined in this policy;
- Keeping the pet would violate any House Rules;
- The resident fails to provide complete pet registration information;
- The resident fails to update the registration annually;
- The SHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet’s temperament and behavior may be considered as a factor in determining the resident’s ability to comply with the provisions of the lease.

E. PET AGREEMENT

Residents who have been approved to have a pet must enter into a *Pet Agreement* with the PHA. The Pet Agreement will become an addendum to the lease and violations of the Pet Agreement may lead to termination of the lease.

The Resident will certify, by signing the Pet Agreement that the Resident Family will adhere to the following rules:

- Agree that the resident is responsible and liable for all damages caused by their pet(s)
- All complaints of cruelty and all dog bites will be referred to animal control or applicable agency for investigation and enforcement.
- All common household pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios, or other outside areas.
- Residents shall not feed any stray animals; doing so, or keeping stray or unregistered animals will be considered having a pet without permission.
- No animal will be tethered or chained outside or inside the dwelling unit.
- When outside the dwelling unit, all pets must be on a leash or in an animal transport enclosure and under the control of a responsible individual.
- All fecal matter deposited by the pet(s) must be promptly and completely

removed from all common areas. Failure to do so will result in a Pet Waste Removal charge of \$50. All animal waste or litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin. Litter shall not be disposed of by being flushed through a toilet.

- Litter boxes shall be stored inside the resident's dwelling unit or in animal enclosures maintained within dwelling units AND must be removed and/or replaced regularly. Failure to do so will result in a Pet Waste Removal charge.
- The resident/pet owner shall take adequate precautions to eliminate any animal or pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.
- Mandatory implementation of effective flea control by measures that produce no toxic hazard to children who may come into contact with treated animals.
- The right of management to enter dwelling unit when there is evidence that an animal left alone in danger of distress, or is creating a nuisance.
- The right of management to seek impoundment and sheltering of any animal found to be maintained in violation of housing rules, pending resolution or any dispute regarding such violation, at its owner's expense. The resident shall be responsible for any impoundment fees, and the SHA accepts no responsibility for pets so removed.
- The failure to abide by animal-related requirement or restriction constitutes a violation of the "Resident Obligations" in the resident's Lease Agreement.
- Residents will prevent disturbances by their pets that interfere with the quiet enjoyment of the premises of other residents in their units or in common areas. This includes, but is not limited to:
 - Loud or continues barking;
 - Howling;
 - Whining;
 - Biting;
 - Scratching;
 - Chirping; or other such activities.
- Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.
- Doghouses are not allowed outside the apartment unit.

- Residents/pet owners must comply with all city/county ordinances concerning pets.
- Dishes or containers for food and water will be located in the pet owner's apartment. Food and/or table scraps will not be deposited anywhere outdoors, including the owner's yard.
- No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.
- All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.
- Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, and/or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

Designation of Pet-free Areas

The following areas are designated as no-pet areas:

- SHA playgrounds
- SHA day care centers
- SHA management offices
- SHA community centers
- SHA recreation center areas

Deposits for Pets

- Tenant with pets must pay a pet deposit of \$300 (\$50 non-refundable and \$250 refundable) for the purpose of defraying all reasonable costs directly attributable to the presence of a particular pet.
- The resident will be responsible for reasonable expenses directly related to the presence of the animal or pet on the premises, including the cost of repairs and replacement in the apartment, and the cost of animal care facilities if needed. These charges are due and payable within fifteen (15) days of written notification.
- SHA reserves the right to change or increase the required deposit by amendment to these rules.
- The SHA will refund the Pet Deposit to the tenant, less any damage caused by the pet

to the dwelling units, within fifteen (15) days after the tenant moves or upon removal of the pet from the unit.

- The refundable Pet Deposit will be placed in a non-bearing account at the financial institution where the SHA banks. The SHA will refund the unused portion of the deposit to the resident within fifteen (15) days after the resident moves from the development or no longer owns or has a pet present in the dwelling unit.
- The SHA will return the Pet Deposit to the former tenant or to the person designated by the former tenant in the event of the former tenant's incapacitation or death.
- The SHA will provide the tenant or designee with a written list of any charges against the Pet Deposit. If the tenant disagrees with the SHA will provide a meeting to discuss the charges.
- All reasonable expenses incurred by the SHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including, but not limited to:
 - The cost of repairs and replacements to the resident's dwelling unit;
 - Fumigation of the dwelling unit;
 - Common areas of the development, if applicable.
 - The expense of flea de-infestation shall be the responsibility of the resident. If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge. If such expenses occur as the result of a move-out inspection, they will be deducted from the Pet Deposit.
- Pet Deposits are not a part of rent payable by the resident.

Responsible Parties

The resident/pet owner will be required to designate two (2) responsible parties for the care of the pet, if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

Pet Rule Violation Notice

The authorization of a common household pet may be revoked at any time subject to the SHA's grievance procedure if the pet becomes destructive or a nuisance to others or if the tenant fails to comply with this policy.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

- That the resident/pet owner has ten (10) days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;
- That the resident/pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and
- That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.
- If the resident/pet owner is not stratified with the results of the meeting to discuss the violation, they can request a grievance hearing in accordance with the SHA's grievance procedures.

F. TERMINATION OF TENANCY

The SHA may initiate procedures for termination of tenancy based on a pet rule violation if:

- The Pet owner has failed to correct a pet rule violation within the time period specified; and
- The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the Lease.
- Termination of the Lease Agreement is subject to the SHA's grievance procedures.

G. PET REMOVAL

- If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets that are poorly cared for or have been left unattended for over 24 hours.
- If the responsible party is unwilling or unable to care for the pet, or if the SHA after reasonable efforts cannot contact the responsible party, then the SHA may contact the appropriate State or local agency and request the removal of the pet, or the SHA may place the pet in a proper facility for up thirty- (30) days. If there is no other solution at the end of the 30 days, the SHA may donate the pet to a humane society. Cost of this professional care will be borne by the pet owner.
- If the pet is removed as result of any aggressive act on the part of the pet the pet will not be allowed back on the premises.

EMERGENCIES

The SHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the SHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

This Pet Policy will be incorporated by reference into the Dwelling Lease signed by the resident, and therefore, violation of the Pet Policy will be grounds for termination of the lease.

Chapter 11

REEXAMINATIONS

[24 CFR 5.613, 24 CFR 5.615, 24 CFR Part 960 Subpart C]

INTRODUCTION

HUD requires that the PHA offer all families the choice of paying income-based rent or flat rent at least annually. Families who choose to pay flat rent are required to complete a reexamination of income, deductions and allowances at least once every three years. To determine the amount of income-based rent, it is necessary for the PHA to perform a reexamination of the family's income. At the annual reexamination, families who choose to pay income-based rent must report their current household composition, income, deductions and allowances. Between regular annual reexaminations, HUD requires that families report all changes in household composition, but the PHA decides what other changes must be reported and the procedures for reporting them. This Chapter defines the PHA's policy for conducting annual reexaminations. It also explains the interim reporting requirements for families, and the standards for timely reporting.

A. ELIGIBILITY FOR CONTINUED OCCUPANCY

Residents who meet the following criteria will be eligible for continued occupancy:

- Qualify as a family as defined in this policy;
- Are in full compliance with the obligations and responsibilities described in the dwelling lease;
- Whose family members, age six (6) and older, each have submitted their Social Security numbers or have certifications on file that they do not have a Social Security number;
- Whose family members have submitted required citizenship/eligible immigration status/non-contending documents.

B. ANNUAL REEXAMINATION

The terms *annual re-certification* and *annual re-examination* are synonymous.

In order to be re-certified, families are required to provide current and accurate information on income, assets, allowances and deductions, and family composition.

Families who choose flat rent are to be re-certified every three years. For families who move in on the first of the month, the annual re-certifications will be completed within 12 months of the anniversary of the move-in date. (**Example:** If family moves in August 1, the annual re-certification will be conducted to be effective on August 1, the following year.)

For families who move in during the month, the annual re-certifications will be completed no later than the first of the month in which the family moved in, the following year. (**Example:** If family moves in August 15, the effective date of the next annual re-certification is August 1.)

When families move to another dwelling unit:

- An annual re-certification will be conducted (unless a re-certification has occurred in the last 120 days) and the anniversary date will be changed.
- The annual re-certification date will not change.

Reexamination Notice to the Family

All families will be notified of their obligation to re-certify by first class mail. The notification shall be sent at least 120 days in advance of the anniversary date. If requested as an accommodation by a person with a disability, the SHA will provide the notice in an accessible format. The SHA will also mail the notice to a third party, if requested as reasonable accommodation for a person with disabilities. These accommodations will be granted upon verification that they meet the need presented by the disability.

The notification shall explain family choice of income-based or flat rent, with an estimate of what the income-based rent would be and a statement of what the flat rent is.

- The family will indicate whether the family chooses income-based or flat rent by checking the appropriate box on the document, signing the document, and returning the document to the SHA. If the family does not return the certification, the SHA staff will chose the lower of the two rents.
- If the family chooses flat rent, no reexamination will be conducted for 3 years.

Methodology

If the family chooses income-based rent, or if the family has paid the flat rent for three (3) years, the SHA will schedule the specific date and time of appointments in the written notification to the family.

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Persons with Disabilities

Persons with disabilities who are unable to come to the SHA's office will be granted an accommodation of conducting the interview **at the person's home/by mail**, upon verification that the accommodation requested meets the need presented by the disability.

Collection of Information

The family is required to complete a *Personal Declaration Form* prior to all annual and interim re-certification interviews.

Requirements to Attend

The head of household and spouse will be required to attend the re-certification interview and sign the application for continued occupancy.

If the head of household is unable to attend the interview the appointment will be rescheduled.

Failure to Respond to Notification to Re-certify

The written notification will explain which family members are required to attend the re-certification interview. The family may call to request another appointment date up to two (2) days prior to the interview.

If the family does not appear for the re-certification interview, and has not rescheduled or made prior arrangements with SHA, the PHA will reschedule a second appointment.

If the family fails to appear for the second appointment, and has not rescheduled or made prior arrangements, SHA will schedule a third appointment before proceeding with the process to terminate tenancy.

Documents Required from the Family

In the notification letter to the family, SHA will include instructions for the family to bring the following:

- Documentation of income for all family members.
- Documentation of liquid and non-liquid assets.
- Documentation to substantiate any deductions or allowances.
- Personal Declaration Form completed by head of household.
- Documentation to verifying compliance with community service by all non-exempt adults.

Verification of Information

All information that affects the family's continued eligibility for the program, and the family's Total Tenant Payment (TTP) will be verified in accordance with the verification procedures and guidelines described in this Policy. Verifications used for re-certification must be less than 120 days old. All verifications will be placed in the file, which has been established for the family.

When the information has been verified, it will be analyzed to determine:

- The continued eligibility of the resident as a *family* or as the *remaining member* of a family;
- The unit size required by the family;
- The amount of rent the family should pay.

Changes in the Tenant Rent

If there is any change in rent, including change in family's choice in rent, the lease will be amended, or a new lease will be executed, or a Notice of Rent Adjustment will be issued [24 CFR 966.4(c)].

Tenant Rent Increases

If tenant rent increases a 30-day notice will be mailed to the family prior to the anniversary date.

If less than thirty days are remaining before the anniversary date, the tenant rent increase will be effective on the first of the second month following the thirty day notice.

If there has been a misrepresentation or a material omission by the family, or if the family causes a delay in the reexamination processing, there will be a retroactive increase in rent to the anniversary date.

Tenant Rent Decreases

If tenant rent decreases, it will be effective on the anniversary date.

If the family causes a delay so that the processing of the reexamination is not complete by the anniversary date, rent change will be effective on the first day of the month following completion of the reexamination processing by SHA.

If tenant rent decreases and the change occurred within a month prior to the re-certification appointment, but the family did not report the change as an interim adjustment, the decrease will be effective on the re-certification anniversary date.

C. REPORTING INTERIM CHANGES

Families must report all changes in household composition to SHA between annual reexaminations. This includes additions due to birth, adoption and court-awarded custody.

The family must obtain SHA approval prior to all other additions to the household.

When there is a change in head of household or a new adult family member is added, SHA will complete an application for continued occupancy and re-verify, using the same procedures SHA staff would use for an annual reexamination, except for effective dates of changes. In such case, the Interim Reexamination Policy would be used.

The annual reexamination date will not change as a result of this action.

The U.S. citizenship/eligible immigrant status of additional family members must be declared and verified prior to the approval by SHA of the family member being added to the lease.

Interim Reexamination Policy

Increases in Income to Be Reported

Families paying flat rent are not required to report any increases in income or assets.

Families must report all increases in income/assets of all household members to SHA in writing within 10 calendar days of the occurrence.

Increases in Income and Rent Adjustments

The PHA will process rent adjustments for all increases in income, which are reported between regularly scheduled recertifications. Rent increases (except those due to misrepresentation) require thirty (30) days notice.

Decreases in Income and Rent Adjustments

Residents may report a decrease in income and other changes, such as an increase in allowances or deductions that would reduce the amount of the total tenant payment.

SHA will process the rent adjustment unless SHA confirms that the decrease in income will last less than 30 calendar days.

SHA will process rent adjustments whenever there is a decrease in income.

D. INCOME CHANGES RESULTING FROM WELFARE PROGRAM REQUIREMENTS

SHA will not reduce the public housing rent for families whose welfare assistance is reduced due to a "specified welfare benefit reduction," which is a reduction in welfare benefits due to:

- Fraud by a family member in connection with the welfare program; or
- Noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program

A "specified welfare benefit reduction" does not include a reduction of welfare benefits due to:

- The expiration of a lifetime time limit on receiving benefits; or
- A situation where the family has complied with welfare program requirements but cannot or has not obtained employment, such as:
 - The family has complied with welfare program requirements, but the durational time limit, such as a cap on the length of time a family can receive benefits, causes the family to lose their welfare benefits.
 - Noncompliance with other welfare agency requirements.

Definition of "Covered Family":

A household that receives benefits for welfare or public assistance from a State or public agency program which requires, as a condition of eligibility to receive assistance, the participation of a family member in an economic self-sufficiency program.

Definition of "Imputed Welfare Income":

The amount of annual income, not actually received by a family, as a result of a specified welfare benefit reduction, that is included in the family's income for purposes of determining rent.

The amount of imputed welfare income is determined by SHA, based on written information supplied to SHA by the welfare agency, including:

- The amount of the benefit reduction
- The term of the benefit reduction
- The reason for the reduction
- Subsequent changes in the term or amount of benefit reduction
- Imputed welfare income will be included at annual and interim reexaminations during the term of reduction of welfare benefits.

The amount of imputed welfare income will be offset by the amount of additional income a family receives that begins after the sanction was imposed. When additional income is at least equal to the imputed welfare income, the imputed income will be reduced to zero.

If the family was not an assisted resident of public housing when the welfare sanction began, imputed welfare income will not be included in annual income.

Verification Before Denying a Request to Reduce Rent

SHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced for fraud or noncompliance *before* denying the family's request for rent reduction.

SHA will rely on the welfare agency's written notice to SHA regarding welfare sanctions.

Cooperation Agreements

SHA has an unwritten cooperation agreement in place with the local welfare agency that assists the PHA in obtaining the necessary information regarding welfare sanctions.

SHA has taken a proactive approach to culminating an effective working relationship between SHA and the local welfare agency for the purpose of targeting economic self-sufficiency programs throughout the community that are available to public housing residents

SHA and the local welfare agency have mutually agreed to notify each other of any economic self-sufficiency and/or other appropriate programs or services that would benefit public housing residents.

Family Dispute of Amount of Imputed Welfare Income

If the family disputes the amount of imputed income and SHA denies the family's request to modify the amount, SHA will provide the tenant with a notice of denial, which will include:

- An explanation for SHA's determination of the amount of imputed welfare income.
- A statement that the tenant may request a grievance hearing.
- A statement that the information received from the welfare agency cannot be disputed at the grievance hearing, and the issue to be examined at the grievance hearing will be SHA's determination of the amount of imputed welfare income, not the welfare agency's determination to sanction the welfare benefits.

If the tenant requests a grievance hearing, the tenant is not required to pay an escrow deposit pursuant to 966.55(e) for the portion of tenant rent attributable to the imputed welfare income.

OTHER INTERIM REPORTING ISSUES

An interim reexamination will be scheduled for families with zero income every 90 days.

In the following circumstances, SHA may conduct the interim re-certification by mail:

- Changes that will not result in a change in tenant rent.
- Changes in income that is normal for the family, such as seasonal employment.
- As a reasonable accommodation when requested. (See *Chapter 1 - Statement of Policies and Operations*)

Any changes reported by residents other than those listed in this section will be noted in the file by the staff person, but will not be processed between regularly scheduled annual re-certifications.

PHA Errors

If SHA makes a calculation error at admission to the program or at an annual or interim reexamination, an interim reexamination will be conducted to correct the error, but the family will not be charged retroactively.

F. TIMELY REPORTING OF CHANGES IN INCOME (AND ASSETS)

Standard for Timely Reporting of Changes

SHA requires that families report interim changes to SHA within ten (10) working days of when the change occurs. Any information, document or signature needed from the family that is needed to verify the change must be provided within three (3) working days of the change.

An exception will be made for TANF recipients who obtain employment. In such cases, families will have to report within 10 days of receipt of the Notice of Action from TANF that shows the full adjustment for employment income.

If the change is not reported within the required time period, or if the family fails to provide signatures, certifications or documentation, (in the time period requested by the PHA), it will be considered untimely reporting.

Procedures When the Change is reported in a Timely Manner

SHA will notify the family of any changes in Tenant Rent to be effective according to the following guidelines:

- Increases in the Tenant Rent is effective on the first of the month following at least thirty (30) days notice.
- Decreases in the Tenant Rent are effective the first of the month following the month in which the change is reported.

The change may be implemented based on documentation provided by the family, pending third-party written verification.

Procedures When the Tenant Does Not Report the Change in a Timely Manner

If the family does not report the change as described under Timely Reporting, the family will have caused an unreasonable delay in the interim reexamination processing and the following guidelines will apply:

Increase in Tenant Rent will be effective retroactive to the date it would have been effective had it been reported on a timely basis. The family will be liable for any underpaid rent, and may be required to sign a Repayment Agreement. SHA will not execute a payment agreement if the payback is so much that it will take the family longer than 12 months to complete the agreement.

Decrease in Tenant Rent will be effective on the first of the month following completion of processing by the PHA and not retroactively.

Procedures when the Change is not processed by SHA in a Timely Manner

"Processed in a timely manner" means that the change goes into effect on the date it should when the family reports the change in a timely manner. If the change cannot be made effective on that date, the change is not processed by SHA in a timely manner.

Therefore, an increase will be effective after the required thirty days notice prior to the first of the month after completion of processing by SHA.

If the change resulted in a decrease, the overpayment by the family will be calculated retroactively to the date it should have been effective, and the family will be credited for the amount.

G. REPORTING OF CHANGES IN FAMILY COMPOSITION

The members of the family residing in the unit must be approved by SHA. The family must inform SHA and request approval of additional family members other than additions due to birth, adoption, marriage, court-awarded custody before the new member occupies the unit.

SHA will not approve the addition of family members other than by birth, adoption, marriage or court-awarded custody where the occupancy standards would require a larger size unit.

All changes in family composition must be reported within 10 working days of the occurrence in writing.

If an adult family member is declared permanently absent by the head of household, the notice must contain a certification by the head of household that the member removed is permanently absent.

The head of household must provide a statement that the head of household will notify SHA if the removed member returns to the household for a period longer than the visitor period allowed in the lease.

Increase in Family Size

SHA will consider a unit transfer (if needed under the Occupancy Guidelines) for additions to the family in the following cases:

- Addition by marriage/or marital-type relation.
- Addition of a minor who is a member of the nuclear family who had been living elsewhere.
- Addition of a SHA-approved live-in attendant.
- Addition of any non-adult relation of the Head or Spouse.
- Addition due to birth, adoption or court-awarded custody.

Families who need a larger sized unit because of voluntary additions will have lower priority on the Transfer List than other families who are required to change unit size.

If a change due to birth, adoption, court-awarded custody, or need for a live-in attendant requires a larger size unit due to overcrowding, the change in unit size shall be made effective upon availability of an appropriately sized unit.

Definition of "Temporarily/Permanently Absent"

SHA must compute all applicable income of every family member who is on the lease, including those who are temporarily absent.

Income of persons permanently absent will not be counted. If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and any other exceptions to military pay HUD may define) is counted as income.

It is the responsibility of the head of household to report changes in family composition. SHA will evaluate absences from the unit in accordance with this policy.

Absence of Entire Family

These policy guidelines address situations when the family is absent from the unit, but has not moved out of the unit. In cases where the family has moved out of the unit, the PHA will terminate Tenancy in accordance with the appropriate lease termination procedures contained in this Policy.

Families are required to notify SHA before they move out of a unit in accordance with the lease and to give SHA information about any family absence from the unit.

Families must notify SHA if they are going to be absent from the unit for more than fifteen (15) consecutive days. A person with a disability may request an extension of time as an accommodation.

"Absence" means that no family member is residing in the unit.

In order to determine if the family is absent from the unit, SHA may:

- Conduct home visit
- Write letters to the family at the unit
- Post letters on exterior door
- Telephone the family at the unit
- Interview neighbors
- Verify if utilities are in service
- Check with Post Office for forwarding address
- Contact emergency contact

If the entire family is absent from the unit, without SHA permission, for more than 30 consecutive days, the unit will be considered to be vacant and SHA will terminate tenancy.

As a reasonable accommodation for a person with a disability, SHA may approve an extension. (See Absence Due to Medical Reasons for other reasons to approve an extension.) During the period of absence, the rent and other charges must remain current.

If the absence that resulted in termination of tenancy was due to a person's disability, and SHA can verify that the person was unable to notify SHA in accordance with the lease provisions regarding absences, and if a suitable unit is available, SHA may reinstate the family as an accommodation if requested by the family.

Absence of Any Member

Any member of the household will be considered permanently absent if s/he is away from the unit for three (3) consecutive months or ninety (90) days in a 12-month period, except as otherwise provided in this Chapter.

Absence Due to Medical Reasons

If any family member leaves the household to enter a facility such as hospital, nursing home, or rehabilitation center, SHA will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less than 180 consecutive days, the family member will not be considered permanently absent, as long as rent and other charges remain current.

If the person who is determined to be permanently absent is the sole member of the household, assistance will be terminated in accordance with SHA's "Absence of Entire Family" policy.

Absence Due to Incarceration

If the sole member is incarcerated for more than 90 consecutive days, s/he will be considered permanently absent. Any member of the household, other than the sole member, will be considered permanently absent if s/he is incarcerated for 90 consecutive days. The rent and other charges must remain current during this period.

SHA will determine if the reason for incarceration is for drug-related or criminal activity that would threaten the health, safety and right to peaceful enjoyment of the dwelling unit by other residents.

Foster Care and Absences of Children

If the family includes a child or children temporarily absent from the home due to placement in foster care, SHA will determine from the appropriate agency when the child/children will be returned to the home.

If the time period is to be greater than six (6) months from the date of removal of the child(ren), the family will be required to move to a smaller size unit. If all children are removed from the home permanently, the unit size will be reduced in accordance with SHA's occupancy guidelines.

Absence of Adult

If neither parent remains in the household and the appropriate agency has determined that another adult is to be brought into the assisted unit to care for the children for an indefinite period, the SHA will treat that adult as a visitor for the first 180 calendar days.

If by the end of that period, court-awarded custody or legal guardianship has been awarded to the caretaker, and the caretaker qualifies under Tenant Suitability criteria, the lease will be transferred to the caretaker.

If the court has not awarded custody or legal guardianship, but the action is in process, SHA will secure verification from social services staff or the attorney as to the status.

The caretaker will be allowed to remain in the unit, as a visitor, until a determination of custody is made.

SHA will transfer the lease to the caretaker, in the absence of a court order, if the caretaker qualifies under the Tenant Suitability criteria and has been in the unit for more than 180 and it is reasonable to expect that custody will be granted.

When SHA approves a person to reside in the unit as caretaker for the child(ren), the income of the caretaker should be counted pending a final disposition. SHA will work with the appropriate service agencies to provide a smooth transition in these cases.

If a member of the household is subject to a court order that restricts him/her from the home for more than 180 days, the person will be considered permanently absent.

If an adult child goes into the military and leaves the household, they will be considered permanently absent.

Full time students who attend school away from the home will be treated in the following manner:

- A student (other than head of household or spouse) who attends school away from home but lives with the family during school recesses may, at the family's choice, be considered either temporarily or permanently absent.
- If the family decides that the member is permanently absent, income of that member will not be included in total household income, the member will not be included on the lease, and the member will not be included for determination of unit size.

Visitors (See Chapter 9 – Leasing)

Any adult not included on the HUD 50058 who has been in the unit more than thirty (30) cumulative days in the month will be considered to be living in the unit as an unauthorized household member.

In making this determination, SHA may consider:

- Statements from neighbors and/or SHA staff

- Vehicle license plate verification
- Post Office records
- Driver's license verification
- Law enforcement reports
- Credit reports

Use of the unit address as the visitor's current residence for any purpose that is not explicitly temporary shall be construed as permanent residence.

The burden of proof that the individual is a visitor rests on the family. In the absence of such proof, the individual will be considered an unauthorized member of the family and SHA will terminate the family's lease since prior approval was not requested for the addition.

Minors and college students who were part of the family but who now live away from home during the school year and are not considered members of the household may visit for up to 120 days per year without being considered a member of the household.

In a joint custody arrangement, if the minor is in the household less than 120 days per year, the minor will be considered to be an eligible visitor and not a family member. If both parents reside in Public Housing, only one parent would be able to claim the child for deductions and for determination for the occupancy standards.

REMAINING MEMBER OF TENANT FAMILY - RETENTION OF UNIT

To be considered the remaining member of the tenant family, the person must have been previously approved by SHA to be living in the unit.

A live-in attendant, by definition, is not a member of the family and will not be considered a remaining member of the Family.

In order for a minor child to continue to receive assistance as a remaining family member:

- The court has to have awarded emancipated minor status to the minor or is legally married; or
- SHA has to have verified that social services and/or the Juvenile Court has arranged for another adult to be brought into the unit to care for the child(ren) for an indefinite period.

A reduction in family size may require a transfer to an appropriate unit size per the Occupancy Standards.

CHANGES IN UNIT SIZE

SHA shall grant exceptions from the occupancy standards if the family requests and SHA determines the exceptions are justified according to this policy.

When an approvable change in the circumstances in a tenant family requires another unit size, the family's move depends upon the availability of a suitable size and type of unit. If the unit is not available at the time it is requested, the family will be placed on the Transfer List.

See *Chapter 5 – Occupancy Standards*.

CONTINUANCE OF ASSISTANCE FOR "MIXED" FAMILIES

Under the Non-citizens Rule, "Mixed" families are families that include at least one citizen or eligible immigrant and any number of ineligible members.

"Mixed" families who were participants on June 19, 1995, shall continue receiving full assistance if they meet the following criteria:

- The head of household, co-head or spouse is a U.S. citizen or has eligible immigrant status; **AND**
- The family does not include any ineligible immigrants other than the head or spouse, or parents or children of the head, co-head or spouse.

Mixed families who qualify for continued assistance after November 29, 1996 may receive prorated assistance only.

If they do not qualify for continued assistance, the member(s) that cause the family to be ineligible for continued assistance may move, or the family may choose prorated assistance (See Chapter titled "Factors Related to Total Tenant Payment Determination"). SHA may no longer offer temporary deferral of termination (see Chapter on "Lease Terminations").

Chapter 12

TOWING AND PARKING POLICY

[24 CFR 966.4]

INTRODUCTION

The following procedures are to be followed regarding towing and parking of any motor vehicle on SHA premises:

A. *TOWING SIGNS AT SHA/VISITORS PARKING*

Signs posted throughout SHA communities shall give notice that decals (see below) are required for all vehicles parked for more than three (3) business days on SHA premises. The signs shall state that vehicles without decals are subject to being towed if they have been parked on SHA premises for more than three (3) business days. The towing signs shall also contain the name, phone number and address of the towing company.

Designated visitor parking may be provided by SHA at all developments at the discretion of the Executive Director.

Decals

SHA shall issue a decal without charge to each tenant who requests a decal for any vehicles to be used by a tenant on SHA property. The decal shall be affixed by the tenant to the rear of the vehicle. The decal shall be numbered and cross-referenced by tenant name and address. The decal itself shall be discreet and not contain the words “**Sanford Housing Authority**”.

Upon adoption of this Policy, each tenant shall be required to immediately bring a current vehicle registration, as well as all identifying data for the vehicle(s), to the SHA office. In the case where the tenant is not the registered owner of the vehicle, the tenant shall obtain a written statement from the registered owner that states that the owner (Exhibit “A” of the Consent Decree) gives his/her permission for the tenant to use the vehicle. All new tenants, upon acceptance of their admission to SHA, shall also provide the required information regarding any vehicle they will be using on SHA premises.

Thereafter, when the tenant uses any other vehicle on SHA premises, the tenant shall provide SHA with the documents described in the preceding paragraph.

B. VIOLATIONS

Violations are defined to include:

1. Any vehicle posing a clear safety or health hazard to the public;
2. Any vehicle not bearing a license plate or current registration;
3. Any vehicle in the obvious state of disrepair that has not been moved in seven days;
4. Any vehicle parked on SHA property for a period greater than (3) business days without SHA decal.

C. HAZARDOUS VEHICLES

When a vehicle poses a clear safety or health hazard, immediate removal by towing is justified.

SHA shall provide post-towing notice to registered owner by certified mail or hand delivered which informs the owner of an opportunity for a hearing. The notice shall be sent within 24 hours of the towing to the registered owner of the vehicle and state that the owner is entitled to request a hearing to dispute the validity of the towing and determine liability for towing and storage charges.

- *Further, the notice shall state the consequences of a failure to request a hearing, i.e., that the motor vehicle will be sold to satisfy towing and storage charges after 35 days from the date of the notice if the towing and storage charges are not paid within that period.*
- *The hearing shall be held within forty-eight business hours of receiving the owner's oral or written request for a hearing. Upon an oral request for a hearing, SHA shall provide a simplified form to the tenant, which reduces the oral request for a hearing to writing.*
- *Unless the hearing officer finds that SHA has sustained its burden of probable cause to demonstrate that the motor vehicle was a clear safety or health hazard at the time of towing, the motor vehicle shall be returned to its owner or his representative at no charge.*

D. TENANT EDUCATION ON TOWING/PARKING POLICY

1. A copy of the SHA Towing/Parking Policy shall be reviewed by SHA staff with each tenant, signed by each tenant and inserted in their tenant file.
2. Staff shall make a reasonable effort to publicize the contents of the SHA Towing/Parking Policy by permanently posting a copy of this policy at all public areas on SHA premises.
3. Regular tenant education meetings may be held by SHA staff to inform tenants of the Towing/Parking Policy and to answer questions regarding compliance with the policy. Education about the policy shall also be included as part of new tenant orientation.
4. Notice of the requirement for decals on vehicles used by tenants shall be included in tenant lease or in other appropriate documents signed at re-certification or acceptance of any new tenants.

Lease

Section IX, (v) of the SHA Lease states “tenant should be obligated to refrain from parking any vehicle in any right of way or fire lane or on grass or sidewalks or other “no parking” areas. Automobile repairs and car washing are not permitted on SHA property.” **Unlicensed Vehicles**

SHA is under no obligation to allow vehicles that are without proper licensure or with expired tags to remain on SHA property. SHA will tow these vehicles without notice, at the owner's expense. In the instance where a vehicle poses a health and safety hazard, these vehicles will be towed with 24-hours at the owner's expense.

Inoperative Vehicles

No inoperative vehicles (i.e., vehicles with flat tires or on tire blocks) are allowed in any SHA property. SHA shall notify residents (if known) in writing of such violation by affixing a three-day (3-day) notice on any such vehicle located within the complex. If the violation is not corrected at the expiration of three days, arrangements shall be made for the vehicle to be towed at the owner's expense. The head of household shall be charged by the SHA \$15.00 for the first offense, \$30.00 for the second offense, and \$45.00 for the third offense. Continuous offenses by the resident or members of a resident's household or guests may result in the manager serving the head of household with a notice of eviction.

Parking

SHA does not have assigned parking. All vehicles must be parked in authorized parking areas only. Unless approved by SHA, the parking of house trailers, recreational or commercial vehicles in or around the property is strictly prohibited. Resident/guest vehicles that are parked too close to SHA dumpster, and that obstruct garbage collection, will be towed at the owner's expense.

Parking or driving on the grass is prohibited. Residents found driving on grass will be ticketed and the head of household shall be charged by the SHA \$15.00 for the first offense, \$30 for the second offense, and \$45.00 for the third offense. Continuous offenses by the resident or members of the resident's household or guests may result in the manger serving the head of household with a notice of eviction.

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Chapter 13

HOUSEKEEPING POLICY

A. HOUSEKEEPING POLICY

It is the policy of the SHA is to maintain its low-rent public housing units in a manner consistent with Federal, state and local laws and to provide “*decent, safe, and sanitary housing in good repair*” This Chapter describes the policies and procedures for compliance with SHA’s housekeeping policy. The primary purpose of the policy is to ensure that all residents maintain a reasonable standard of housekeeping and housing in good repair.

To maintain this standard, and to document the SHA’s ongoing efforts to fully comply with HUD standards, the SHA will perform semi-annual *housekeeping inspections* of all occupied public housing units. When a family is determined to be a “problem” housekeeper, pursuant to the agency’s objective rating standards, such families will be subject to more frequent inspections.

The objective of the housekeeping inspection is to determine if the current living and housekeeping practices of the family can be reasonably expected to further the agency’s goals of establishing and maintaining decent, safe and sanitary housing in good repair. It is further understood that the SHA will use objective inspection criteria in making its determination. Moreover, it is understood that if the head of household or member of the household has a verified disability that contributes to a negative finding by the SHA, such circumstances will be taken into consideration and efforts to identify a range of supportive services for the individual(s) will occur.

Families who initially fail the housekeeping inspections will be required to participate in a *housekeeping training* class. The class will be offered as a videotaped training class to be held at the SHA’s main office or other location as designated by the SHA. Families who fail the second housekeeping inspection will be required to participate in a *hands-on* interactive training program offered by the SHA or a SHA partner organization. Families that repeatedly fail (i.e., three or more inspections while in occupancy) will be subject to lease termination (See *Chapter 14 – Lease Termination*).

Families will be provided either a standard two-day advance notice or one-week notice of the scheduled inspection. The SHA may enter the unit in the family’s absence after providing the required notice. In the family’s absence, SHA inspectors will leave a written notice of the date/time of entry and the reason for entry in a conspicuous place in the unit.

B. HOUSEKEEPING INSPECTION PROCEDURE

1. Housekeeping Inspections will be completed semi-annually; more frequently for families that fail inspections.
2. SHA will provide written notification to the head of household at least two-days in advance (standard) or one week in advance of the scheduled inspection date.
3. After the initial inspection is completed, SHA will verbally inform the head of household or other designated household member if he/she passed or failed. If the family failed the inspection, the SHA will immediately provide the family with a copy of the inspection and the SHA’s “Planning Your Housework” packet.

4. Within one week of the initial inspection, the SHA will issue a formal letter to the family indicating if s/he failed. The SHA will also advise the tenant of specific corrections required to establish compliance and require the tenant to participate in a housekeeping training class.
 - The first class will be offered as a videotaped training class held at the SHA's main office, or other location designated by the SHA.
 - After the first class, families will be provided a five-day notice of a second inspection.
5. If the family does not attend the video training class, SHA will reschedule another time for the family to attend. If the tenant fails to attend the rescheduled class, the SHA will notify the tenant in writing that they are in violation of the SHA lease agreement and issue a 30-day non-curable lease termination.
6. Families that fail the second housekeeping inspection will be required to participate in a *hands-on* interactive training program offered by the SHA or a SHA partner organization. After the completion of the class, the SHA will provide the family a five-day notice of the third inspection date.
 - If the family does not attend the *hands-on* interactive training, SHA will re-schedule another time for the tenant to attend the training. If the tenant fails to attend the re-scheduled training, they will be notified in writing that they are in violation of the SHA lease agreement and will receive a 30-day non-curable lease termination.
7. Families that fail the third inspection will be in violation of the SHA rental agreement and will receive a 30-day non-curable lease termination.

Grievance Policy [24 CFR Part 966 Subpart B]

Tenants have the right to a hearing (See *Chapter 15 – Grievance Policy*). The resident shall submit written request for a hearing to the SHA or the development office within ten (10) days from the date of the mailing of the summary of the discussion pursuant to Section C, Chapter 15 - Grievance Policy. The written request must specify:

- The reasons for the grievance; and
- The action or relief sought.

Housekeeping Training

- Video training classes will be offered once a month at the following times:
 - 11:00 A.M.
 - 4:00 P.M.
 - 6:00 P.M.
- *Hands on* interactive classes will be scheduled at the discretion of the SHA.

C. HOUSEKEEPING FORMS

Following forms will be used in conducting housekeeping inspections:

- Tenant/Application Certification
- Housekeeping Summary
- Housekeeping Inspection of Dwelling Unit
- Determination of Substandard Housing
- Home Inspection Information Verification
- Housekeeping Checklist

Go to Next Page to Access Forms

Tenant/Applicant Certification

I understand that my signature grants the SHA the right to inspect where I currently live, and to use the results of the housekeeping inspection as part of its overall evaluation of my suitability for continued occupancy of my public housing dwelling unit.

I further understand that I may be required to participate in a housekeeping workshop as a condition of initial admission and/or continued occupancy of public housing.

Printed Name of Family Head or /Co-Head

Signature of Family Head or Co Head

SHA Representative – Printed Name

SHA Representative – Signature

Date

Date

SANFORD HOUSING AUTHORITY HOUSEKEEPING INSPECTION OF DWELLING UNIT

Housekeeping Rating

Excellent

 Satisfactory

 Unsatisfactory

Action Taken

Counseling Required
 Referred to Community Services Referred to Resident Services Coordinator
 Other (*Specify*)

Recommended Action

Serial Numbers:

Refrigerator: _____	Make/Model: _____
Range: _____	Make/Model: _____
Space Heater: _____	Make/Model: _____
Water Heater: _____	Make/Model: _____

Smoke Detectors

Yes

No

Installed:	_____	_____
Functioning:	_____	_____
Connected:	_____	_____
Disconnected:	_____	_____

Fire Extinguisher: Installed _____ Date _____ _____

Picture ID Presented: _____ _____

_____ Name of SHA Representative	_____ Signature	_____ Date
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_____ Name of Family Head/Co-Head	_____ Unit Address	_____ Date
--------------------------------------	-----------------------	---------------

**SANFORD HOUSING AUTHORITY
DETERMINATION OF SUBSTANDARD HOUSING**

Tenant(s) Name: _____

Unit Address: _____

Please mark the appropriate space:

____ He/she is living in housing that is substandard because it is dilapidated.
(Please describe)

- ____ Does not have operable indoor plumbing.
- ____ Does not have a usable flush toilet inside the unit for the exclusive use of the family.
- ____ Does not have a usable bathtub or shower inside unit for the sole use of the family.
- ____ Does not have electricity or has inadequate or unsafe electrical service.
- ____ Does not have safe or adequate source of heat.
- ____ Does not have a kitchen (but should).
- ____ Has been declared unfit for habitation by any agency or unit of government.
- ____ He/she lacks a fixed, regular and adequate nighttime residence.
The primary nighttime resident is: _____.
- ____ Other:

General Comments:

SANFORD HOUSING AUTHORITY
HOME INSPECTION INFORMATION VERIFICATION

Name(s) of Family Members	Age
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

**SANFORD HOUSING AUTHORITY
HOUSEKEEPING CHECKLIST**

Name of Head of Household: _____

Unit Address: _____

ITEM	EXCELLENT	SATISFACTORY	UNSATISFACTORY
Porch, Steps & Public Hallway	[] Scrubbed clean, writing & drawings absent from walls, cobwebs removed, free of spilled food, garbage, trash & dust. Nothing Stored.	[] Broom clean, free of food & drink spills, cobwebs removed. Free of garbage & trash.	[] Not swept, spilled food or drink, broken glass, accumulated dirt, spilled garbage or trash, various items stored, walls with writing, cobwebs.
Walls, Ceiling & Trim	[] Washed clean, no grease around stove, free of cobwebs.	[] Slight grease splashes, may have been washed 2 or 3 months ago.	[] Accumulated grease around stove & sink, accumulated hand dirt on walls.
Floors	[] Cleaned and polished, wax & stains removed.	[] Clean, old wax & stains removed.	[] Not scrubbed; accumulated dirt, build up of old dirt.
Windows	[] Glass recently washed, clean curtains shades or blinds in good repair.	[] Glass washed in past 3 months or so, clean curtains, free of torn shades or blinds.	[] Glass extremely dirty, curtains dirty & torn; shades & blinds tattered & frayed.
Refrigerator	[] Clean & polished outside, defrosted, fresh odor inside, free of old spoiled foods or spills.	[] Washed clean outside, defrosted, free of food spills and old food.	[] Dirty or greasy outside; un-leaned food spills, accumulated frost & ice on freezer, stale odor and/or old food.
Kitchen Range	[] Top, under-burners, oven & broiler clean & free of grease.	[] Top, under-burner, oven & broiler reasonably clean; no accumulation of hard grease.	[] Top and/under-burners, oven or broiler full of food spills, accumulations of hard old grease.

**SANFORD HOUSING AUTHORITY
HOUSEKEEPING CHECKLIST**

Name of Head of Household: _____

Unit Address: _____

ITEM	EXCELLENT	SATISFACTORY	UNSATISFACTORY
Water Heater	<input type="checkbox"/> Washed clean & polished, no debris nearby.	<input type="checkbox"/> Clean; free of grease, some minor debris nearby.	<input type="checkbox"/> Not washed; has an accumulation of dirt, grease, and/or debris
Work Table, Cabinets & Shelves	<input type="checkbox"/> Clean inside & outside, free of roach odor & roaches.	<input type="checkbox"/> Clean & free of roaches & roach odor.	<input type="checkbox"/> Not washed; has an accumulation of dirt, grease and/or debris.
Kitchen Sink, Bathroom Fixtures	<input type="checkbox"/> Gleaming clean, free of dirt & stains. No lime scale in toilet bowl.	<input type="checkbox"/> Clean, free of stains, no lime scale in toilet bowl.	<input type="checkbox"/> Accumulated dirt, grease & stains, lime scale in toilet bowl.
Vermin Control	<input type="checkbox"/> Free of any signs of roaches, past or present.	<input type="checkbox"/> Free of roach deposits & odor, evidence of minor infestation problem.	<input type="checkbox"/> Evidence of severe roach/vermin infestation.
Storage of Hazardous Materials	<input type="checkbox"/> Fire escape free of objects, no EXITS blocked, no interior litter/debris.	<input type="checkbox"/> Fire escape free of objects, no EXITS blocked, some minor accumulation of litter/debris.	<input type="checkbox"/> Objects on fire escape, excess litter/debris,; EXITS blocked, excessive grease on range/
Refuse Control	<input type="checkbox"/> Has large garbage can with tight fitting cover. Clean & lined with a plastic bag.	<input type="checkbox"/> Has garbage can with tight fitting cover, clean, has no odor.	<input type="checkbox"/> Does not have a large garbage can or can does not have a cover; can is not clean, has a bad odor.
Yard	<input type="checkbox"/> Grass recently cut, yard clean, free of trash, broken glass, etc.	<input type="checkbox"/> Grass not cut, yard relatively clean & free of trash & broken glass.	<input type="checkbox"/> Grass not cut, accumulated trash & broken glass, etc.
Clutter	<input type="checkbox"/> No accumulation of boxes, magazines, clothes, etc. that would pose a potential hazard.	<input type="checkbox"/> Minor level of accumulation poses very low risk of potential hazard.	<input type="checkbox"/> Excessive accumulation, which poses high risk of potential hazard.

LEASE TERMINATIONS **[24CFR 966.4]**

INTRODUCTION

The SHA may terminate tenancy for a family because of the family's action or failure to act in accordance with HUD regulations [24 CFR 966.4 (1)(2)], and the terms of the lease. This Chapter describes the PHA's policies for notification of lease termination and provisions of the lease.

A. TERMINATION BY TENANT

The tenant may terminate the lease by providing SHA with a written thirty (30) day advance notice as defined in the lease agreement.

B. TERMINATION BY SHA

Termination of tenancy will be in accordance with SHA's lease.

The Public Housing lease is automatically renewable, provided there is no tenant caused violations of the lease.

The lease may be terminated by SHA at any time by giving written notice for serious or repeated violation of material terms of the lease, such as, but not limited to the following: (*Please Note Your Lease*)

- Nonpayment of rent or other charges due under the Lease, or repeated chronic late payment of rent;
- Failure to provide timely and accurate statements of income, assets, expenses and family composition at Admission, Interim, Special or Annual Rent Re-certifications;
- Assignment or subleasing of the premises or providing accommodation for boarders or lodgers;
- Use of the premises for purposes other than solely as a dwelling unit for the Tenant and Tenant's household as identified in this Lease, or permitting its use for any other purposes;
- Failure to abide by necessary and reasonable rules made by SHA for the benefit and well being of the housing development and the Tenants;
- Failure to abide by applicable building and housing codes materially affecting health or safety;
- Failure to dispose of garbage waste and rubbish in a safe and sanitary manner;
- Failure to use electrical, plumbing, sanitary, heating, ventilating, air conditioning and other equipment, including elevators, in a safe manner;
- Acts of destruction, defacement or removal of any part of the premises, or failure to

cause guests to refrain from such acts;

- Failure to pay reasonable charges (other than for normal wear and tear) for the repair of damages to the premises, project buildings, facilities, equipment, or common areas; or
- The Tenant, any member of the Tenant's household, or a guest or other person under the Tenant's control shall not engage in criminal activity, including drug-related criminal activity, *on or off* public housing premises (as defined in the lease), while the Tenant is a Tenant in public housing, and such criminal activity shall be cause for termination of tenancy. The term "drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use, a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).
- If contraband or a controlled substance is seized on the above premises, incidental to a lawful search or arrest, SHA will be notified by the County Attorney's Office that it is to bring an unlawful detainer action against that Tenant. SHA will then commence unlawful detainer procedures to terminate the Lease.
- Alcohol abuse that SHA determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Non-compliance with Non-Citizen Rule requirements.
- Failure of a family member to comply with community service provisions, as grounds only for non-renewal of the lease and termination of tenancy at the end of the 12-month lease term;
- Discovery after admission of facts that made the tenant ineligible;
- Discovery of material false statements or fraud by the tenant in connection with an application for assistance or with reexamination of income;
- Failure to accept SHA's offer of a lease revision to an existing lease that is on a form adopted by SHA in accordance with HUD regulations, with written notice of the offer of the revision at least sixty (60) calendar days before the lease revision is scheduled to take effect; and with the offer specifying a reasonable time limit within that period for acceptance by the family.
- Other good cause.

C. NOTIFICATION REQUIREMENTS

SHA's written Notice of Lease Termination will state the reason for the proposed termination, the date that the termination will take place, and it will offer the resident all of the rights and protections afforded by the regulations and this policy.

See Chapter on *Complaints, Grievances and Hearings*.

Notices of lease termination shall be in writing and delivered to tenant or adult member of the household or sent by first class mail properly addressed to tenant return receipt requested.

The return of the certified mail receipt, whether signed or unsigned, shall be considered to be proof that the resident received proper notification.

The notice shall contain a statement describing the resident's right to meet with the manager to determine whether a reasonable accommodation would eliminate the need for a lease termination.

Timing of the Notice

If SHA terminates the lease, written notice will be given as follows:

- At least 14 calendar days prior to termination in the case of failure to pay rent;

A reasonable time, defined in the lease as 30 calendar days, considering the seriousness of the situation, but not to exceed 30 days:

- If the health or safety of other residents, SHA employees, or persons residing in the immediate vicinity of the premises is threatened; or
- If any member of the household has engaged in any drug-related criminal activity or violent criminal activity; or
- If any member of the household has been convicted of a felony.
- At least 30 days prior to termination in all other cases.

SHA shall notify the Post Office that mail should no longer be delivered to the person who was evicted for criminal activity, including drug-related criminal activity.

Criminal Activity

SHA will immediately terminate tenancy of persons convicted of manufacturing or producing methamphetamine on the premises of the assisted housing project in violation of any Federal or State law. "Premises" is defined as the building or complex in which the dwelling unit is located, including common areas and grounds.

SHA will terminate assistance of participants in cases where SHA determines there is reasonable cause to believe that the person is illegally using a controlled substance or engages in drug-related or other criminal activity. The same will apply if it is determined that the person abuses alcohol in a way that interferes with the health, safety or right to peaceful enjoyment of the

premises by other residents. This includes cases where SHA determines that there is a pattern of illegal use of controlled substances or a pattern of alcohol abuse.

The PHA will consider the use of a controlled substance or alcohol to be a *pattern* if there is more than one incident during the previous twelve (12) months.

"Engaged in or engaging in or recent history of" drug related criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved drug-related criminal activity including, without limitation, drug-related criminal activity, possession and/or use of narcotic paraphernalia, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

"Engaged in or engaging in or recent history of" criminal activity means any act within the past three (3) years by applicants or participants, household members, or guests which involved criminal activity that would threaten the health, safety or right to peaceful enjoyment of the public housing premises by other residents or employees of the PHA, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

In evaluating evidence of negative behavior, SHA will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or likelihood of favorable conduct in the future that could be supported by evidence of rehabilitation.

SHA will not waive this policy.

SHA will waive the requirement regarding drug-related criminal activity if:

- The person demonstrates successful completion of a credible rehabilitation program approved by SHA or
- The individual involved in drug-related criminal activity is no longer in the household because the person has died or is imprisoned.

SHA may permit continued occupancy provided the family accepts imposed conditions that the involved family member(s) does not reside in the unit. SHA will consider evidence that the person is no longer in the household such as divorce decree/incarceration/death/copy of a new lease for the person including the owner's telephone number and address/ or other substantiating evidence.

D. RECORD KEEPING

A written record of every termination and/or eviction shall be maintained by SHA at the development where the family was residing, and shall contain the following information:

- Name of resident, number and identification of unit occupied;
- Date of the Notice of Lease Termination and any other notices required by State or local law; these notices may be on the same form and will run concurrently;
- Specific reason(s) for the Notices, citing the lease section or provision that was violated, and other facts pertinent to the issuing of the Notices described in detail (other than the Criminal History Report);

- Date and method of notifying the resident;
- Summaries of any conferences held with the resident including dates, names of conference participants, and conclusions.

E. TERMINATIONS DUE TO INELIGIBLE IMMIGRATION STATUS
[24 CFR.514]

If SHA determines that a family member has knowingly permitted an ineligible individual to reside in the family's unit on a permanent basis, the family's assistance will be terminated. This provision does not apply to a family if the eligibility of the ineligible individual was considered in calculating any proration of assistance provided for the family.

GRIEVANCE POLICY

[24 CFR Part 966 Subpart B]

A. RIGHT TO A HEARING

Upon the filing of a written request as provided in these procedures a resident shall be entitled to a hearing before a Hearing Officer.

B. DEFINITIONS

For the purpose of this Grievance Procedure, the following definitions are applicable:

1. **“Grievance”** shall mean any dispute which a resident may have with respect to the SHA action or failure to act in accordance with the individual residents lease or SHA regulations which adversely affect the individual residents rights, duties, welfare or status. Grievance does not include any dispute a resident may have with the SHA concerning a termination of tenancy or eviction that involves any activity that threatens the health, safety, or right to peaceful enjoyment of the authorities’ public housing premises by other residents or employees of the SHA; or any violent or drug-related criminal activity on or off such premises; or any activity resulting in a felony conviction. Nor shall this process apply to disputes between residents not involving the SHA or to class grievances.
2. **“Complainant”** shall mean any resident whose grievance is presented to the SHA main office or at the development management office in accordance with Sections C and D of this procedure.
3. **“Elements of Due Process”** shall mean an eviction action or a termination of tenancy in a State or local court in which the following procedural safeguards are required:
 - Adequate notice to the resident of the grounds for terminating the tenancy and for eviction;
 - Right of the resident to be represented by counsel;
 - Opportunity for the resident to refute the evidence presented by the Authority including the right to confront and cross examine witnesses and to present any affirmative legal or equitable defense which the resident may have; and
 - A decision on the merits.
4. **“Hearing Officer”** shall mean a person selected in accordance with Section D these procedures to hear grievances and render a decision with thereto.
5. **“Resident”** shall mean the adult person (or persons) other than a live-in aide:

- Who resides in the unit and who executed the lease with the Housing Authority of the City of Sanford Florida as lessee of the premises, or, if no such person now resides in the premises.
- Who resides in the unit and who is the remaining head of household of the resident family residing in the unit.

6. **“Resident Organization”** includes a resident management corporation.

7. **“Promptly”** (as used in Section C and D) shall mean within the time period indicated in a notice from SHA of a proposed action that would provide the basis for a grievance if the resident has received a notice of a proposed action from the agency.

C. PROCEDURES PRIOR TO A HEARING

Any grievance shall be promptly and personally presented, either orally or in writing, to the SHA main office or the development in which the resident resides so that the grievance may be discussed informally and settled without a hearing. A summary of such discussion shall be prepared within fourteen (14) calendar days and one copy shall be given to the resident and one retained in the Authorities’ resident file. The summary shall specify the names of the participants. Dates of the meeting, the nature of the proposed disposition of the complaint and the specific reasons therefore and shall specify the procedures by which a hearing under these procedures may be obtained if the resident is not satisfied.

D. PROCEDURES TO OBTAIN A HEARING

Request For Hearing

The resident shall submit written request for a hearing to the SHA main or development office within ten (10) calendar days from the date of the mailing of the summary of the discussion pursuant to Section C. The written request shall specify:

- The reasons for the grievance; and
- The action or relief sought.

Selection Of A Hearing Officer

A grievance hearing shall be conducted by an impartial person appointed by SHA other than a person who made or approved the action under review or a subordinate of such person.

- SHA shall annually submit a list of prospective hearing officers. This list shall be provided to any existing resident organization(s) for such organization’s comments or recommendations. SHA shall consider any comments or recommendations by a resident organization.
- The duly recognized jurisdiction-wide resident organization. shall be notified if any or replacements additions to the list.

- From this list, a hearing officer shall be selected. Any comments received within the prescribed timeframe will be considered.

Failure To Request A Hearing

If the resident does not request a hearing in accordance with this section, then SHA's disposition of the grievance under Section C shall become final. However, failure to request a hearing does not constitute a waiver by the resident of the right thereafter to SHA action in disposing of the complaint in an appropriate judicial proceeding.

Hearing Prerequisite

All grievances shall be promptly presented in person, either orally or in writing, pursuant to the informal procedure prescribed in Section C as a condition precedent to a hearing under this Section. However, if the resident can show good cause why there was failure to precede in accordance with Section C to the Hearing Officer, the provisions of this subsection may be waived by the Hearing Officer.

Escrow Deposit

Before a hearing is scheduled in any grievance involving the amount of rent as defined in the lease which SHA claims is due, the resident shall pay to SHA an amount equal to the amount of the rent due and payable as of the first of the month preceding the month in which the act or failure to act took place. The resident shall thereafter deposit monthly the same amount of the monthly rent in an escrow account held by SHA until the complaint is resolved by decision of the Hearing Officer. Amounts deposited into the escrow account shall not be considered as acceptance of money for rent during the period in which the grievance is pending. In extenuating circumstances, SHA may waive these requirements. Unless so waived, the failure to make such payments shall result in a termination of the grievance procedure. However, failure to make payment shall not constitute a waiver of any right the resident may have to contest.

Qualifications of Hearing Officers

Any candidate for Hearing Officer must participate in public housing training, and other housing related training, such as fair housing, landlord-tenant law, etc., as a condition of presiding at a grievance hearing.

A *qualified* Hearing Officer means a person with at least a high school diploma and successful completions of the following courses:

- Non-discrimination in Public and Assisted Housing
- Florida State Landlord-Tenant law
- SHA Administration grievance procedures
- Public Housing Admissions and Occupancy
- Public Housing Rent Calculations

The cost of any required training shall be an expense of the agency. Non-staff serving as the hearing officer shall be entitled to a stipend in the amount of \$50.00 (Fifty Dollars) dollars per hearing.

Scheduling Of Hearings

Upon the resident's compliance with this section the Hearing Officer shall promptly schedule a hearing for a time and place reasonably convenient to both the resident and SHA. A written notification specifying the time, place and the procedures governing the hearing shall be delivered to the resident and the appropriate agency official.

E. PROCEDURES GOVERNING THE HEARING

The resident shall be afforded a fair hearing, which shall include.

- The opportunity to examine before the grievance hearing any SHA documents, including records and regulations that are directly relevant to the hearing. The resident shall be provided a copy of any such document at the residents' expense. If SHA does not make the document available for examination upon request by the resident. SHA may not rely on such document at the grievance hearing.
- The right to be represented by counsel or other person chosen as the residents representative and to have such person make statements on the residents behalf;
- The right to a private hearing unless the resident requests a public hearing;
- The right to present evidence and arguments in support of the residents complaint, to controvert evidence relied on by the SHA or development management, and to confront and cross examine all witnesses upon whose testimony or information SHA or development management relies; and a decision based solely and exclusively upon the facts presented at the hearing.

The Hearing Officer may render a decision without holding a hearing if the Hearing Officer determines that the issue has been previously decided at another hearing.

If either the resident or SHA fails to appear at a scheduled hearing, the Hearing Officer may postpone the hearing for up to five business days or determine that the missing party has waived their right to a hearing. Both SHA and the resident shall be notified of the Hearing Officer's decision. This decision shall not waive a resident's right to contest the disposition of the grievance in an appropriate judicial proceeding.

The following reasonable accommodation will be made for persons with disabilities:

- SHA shall provide reasonable accommodations for persons with disabilities to participate in the hearing. Reasonable accommodations may include qualified sign language interpreters, readers, accessible locations, or attendants.
- If the resident is visually impaired, any notice to the resident that is required by these procedures must be in an accessible format.

F. INFORMAL HEARING PROCEDURES FOR DENIAL OF ASSISTANCE ON THE BASIS OF INELIGIBLE IMMIGRATION STATUS

The participant family may request that SHA provide for an informal hearing after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. The participant family must make this request within 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or within 30 days of receipt of the INS appeal decision.

F. DECISION OF THE HEARING OFFICER

The Hearing Officer shall prepare a written decision, together with the reasons therefore, within fourteen (14) calendar days after the hearing. A copy of the decision shall be sent to the resident and SHA. The SHA shall retain a copy of the decision in the resident's folder. A copy of such decision with all names and identifying references deleted shall also be maintained on file by SHA and made available for inspection by a prospective complainant, his or her representative, or the Hearing Officer.

The decision of the Hearing Officer shall be binding on SHA who shall take all actions, or refrain from any actions, necessary to carry out the decision unless SHA Board of Commissioners determines within reasonable time, and promptly notifies the complainant of its determination, that:

- The grievance does not concern SHA action or failure to act in accordance with or involving the resident's lease or Authority regulations, which adversely affect the resident's rights, duties, welfare or status,
- The decision of the Hearing Officer is contrary to applicable Federal, State, or local law, Authority regulations, or requirements of the Annual Contributions Contract between SHA and the U.S. Department of Housing and Urban Development.

A decision by the Hearing Officer or Board of Commissioners in favor of the SHA or which denies the relief requested by the resident in whole or in part shall not constitute a waiver of, nor affect in any manner whatsoever, any rights the resident may have to a trial do novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.¹⁷

Chapter 16

RENT COLLECTIONS & REPAYMENT POLICIES

INTRODUCTION

This Chapter describes the SHA's policies for the recovery of monies that have been underpaid by families. It describes the methods that will be utilized for collection of monies and the guidelines for different types of debts. It is the PHA's policy to meet the informational needs of families, and to communicate the program rules in order to avoid family debts. Before a debt is assessed against a family, the file must contain documentation to support the PHA's claim that the debt is owed. The file must further contain written documentation of the method of calculation, in a clear format for review by the family or other interested parties.

It is the intent of the SHA to collect in a timely manner all monies owed to it by the tenants of its housing units. The policy statements contained herein set forth the requirements for tenants to meet their financial obligations to the SHA and guidelines for staff to execute their collection duties. Specific rent collection goals may be made a part of the management staff's performance standards. Failure to meet stated rent collection goals will be grounds for transfer, demotion or termination.

A. RENT AND CHARGES DUE AND PAYABLE

Rent for all tenants is due and payable by the first (1st) day of the month and considered late at the close of business on the ninth (9th) calendar day of the month. If the ninth calendar day of the month falls on a holiday or weekend, rent will be accepted, without penalty, on the first business day following that holiday or weekend.

Late Rent

With the exception of the circumstances specified in this section, all rent payments not received by the day and time specified above shall be considered late and will be assessed a late fee of \$20.00 (Twenty Dollars). Payments on behalf of a resident made through payroll deduction or protective payment by an authorized agency, which are delayed beyond the ninth (9th) calendar day of the month will not be considered late and the resident will not be assessed a late fee if such delay is not the fault of the resident. Three (3) late payments within a twelve (12) month period constitute chronic late payment and is a material violation of the lease. If a tenant commits this violation, rent will not be accepted and actions to evict shall be initiated.

Other Charges

Any charges other than rent become due and payable on the first day of the second month following the date the charge was incurred by the resident and not earlier than fourteen (14) days after the resident has been properly notified of the charge by the SHA. Payment of these charges will be considered late if they are not received by the close of business on the ninth (9th) day of the month in which they are due. If the ninth (9th) calendar day of the month falls on a holiday or weekend, other charges will be accepted, without penalty, until the close of business on the first business day following that holiday or weekend. Failure to make full and timely payment of the other charges is a lease violation and grounds for termination of tenancy pursuant to the adopted lease and grievance procedures.

B. PAYMENT METHODS AND LOCATIONS

Non-cash payments (checks and money orders) for rent, security deposits and other charges shall be accepted at 89 Castle Brewer Court Management Office, 16 Cowan Moughton Terrace Management Office, and Redding Gardens Management Office. **No**

cash payments will be accepted. Third party personal checks will not be accepted. Protective payments from authorized agencies will be accepted in payment of rent and other charges.

All checks and money orders shall be made payable to *Sanford Housing Authority*. No partial payments for rent and/or charges will be accepted unless such partial payment is made in accordance with the terms of a valid and up-to-date *Repayment Agreement*.

C. NOTICE OF DELINQUENCY

Any tenant who has not made the required payment of rent by the time rent is considered late will be sent a “*14-Day Demand for Rent*” notice in compliance with Federal and State law. Not later than the day immediately following the day the rent becomes delinquent, this notice shall be mailed, certified – “return-receipt requested”, or hand-delivered by an agent of the SHA to an adult member of the tenant household.

Any tenant who has not made the required payment of other charges by the date charges are due are considered late, will be sent a “*30-Day Demand for Charges*” notice in compliance with Federal and State law. Not later than the day immediately following the day the Other Charges becomes delinquent, this notice shall be mailed, certified – “return-receipt requested”, or hand-delivered by an agent of the SHA to an adult member of the tenant household.

The SHA shall immediately begin legal proceedings to evict tenants who have not paid full rent and other charges, or made satisfactory arrangements with the SHA to make such payments under a repayment agreement, but the expiration of the applicable notice period described above. Once the SHA has filed a petition for eviction with the courts, no payments of rent or other charges will be accepted unless full payment of all amounts due, including applicable court costs/legal fees, are tendered and there are no other documented lease violations by any other member of the household for the immediate twelve (12) month period. If these conditions are not met, the resident will be expected to vacate the unit or the case will be disposed of through judicial proceedings.

D. RETURNED CHECKS

In the event a personal check is returned by the bank, the tenant will be assessed a \$32.00 (Thirty-two Dollar) returned check fee. Any tenant having a check returned is prohibited from making payments by personal check for the next twelve (12) month period.

E. COLLECTION OF VACATED ACCOUNTS AND LOSS CONTROL

Accounts of tenants moving out of a dwelling unit owing the SHA rent, repair and other charges will be pursued for collection. The SHA shall submit these accounts to the credit bureau collection agency and, if deemed appropriate, small claims court, after reasonable efforts of staff have failed to collect the full amount owed. Staff actions shall be deemed reasonable if, within thirty (30) days of termination of tenancy, the following has taken place:

- A certified letter, stating the amount owed and the expectation of payment within ten (10) calendar days, is sent to the last known address of the former tenant, immediately upon determining the balance of the vacated account;

- Reasonable attempts to reach the former tenant by phone have been made, and
- The payment has not been made in full and the former tenant has not made reasonable arrangements to pay.

Any former resident with an outstanding account balance with the SHA will be denied readmission in any of its housing programs unless the past due amount is paid in full and all other criteria for admission are met. Any applicant that is a former resident with an outstanding balance will be given the opportunity to enter into a repayment agreement while they are on the waiting list. However, payment in full must be made by the time of final eligibility determination to be eligible for admission.

Write-Off of Vacated Accounts

Delinquent accounts of vacated tenants shall not be maintained on the books of account if there is no reasonable chance of collection. Accounts of vacated tenants shall be considered uncollectible if they are over ninety (90) days old and staff has made reasonable, but unsuccessful, attempts to collect the full amount. Such accounts shall be written off through resolution of the Board of Commissioners. The resolution shall identify the receivable to be written off by account number, tenant name, and uncollected amount. Writing off an account as uncollectible does not eliminate the debt of the delinquent vacated tenant.

F. REPAYMENT AGREEMENTS

Tenants may, under certain circumstances, enter into a repayment agreement to modify the terms of delinquent amounts owed. SHA shall not terminate the lease of the delinquent tenant for reason of nonpayment unless the tenant fails to keep current rent paid up-to-date or the terms of the repayment agreement are broken.

Not more than one repayment agreement may be executed within a 12-month period. Eligibility to enter into a repayment agreement is contingent upon meeting all of the following conditions:

- No other repayment agreement is in force;
- The tenant has not been delinquent three (3) times within the preceding 12-month period;
- The repayment agreement is requested within the statutory delinquency notice period prior to initiation of legal action for non-payment;
- The tenant is not under any actual or pending eviction proceeding;
- There are no carryover balances from the previous month, and
- The reason for the request for the repayment agreement is valid and fully substantiated and documented.

The maximum duration of any repayment agreement is twelve (12) months. The terms of all SHA repayment contracts shall be as follows:

<i>Balance Due</i>	<i>Payment Due</i>
---------------------------	---------------------------

\$26 - \$100	\$25 down and \$25 per month
\$101 - \$500	25% down and balance within 11 months with minimum payment of \$35 per month
\$501 - \$1,000	25% down and balance within 11 months with minimum payment of \$50 per month
\$1001+	25% down and balance within 11 months with minimum payment of \$75 per month

The lease shall be considered amended when a “*Repayment Agreement*” is executed. Such lease amendment shall effect a rent change consistent with the terms of the Repayment Agreement.

G. NOTICE OF RENT INCREASES

Rent increases as a result of annual or interim reexamination in which the tenant complied with reporting requirements contained in the lease and *Admissions and Occupancy Policy* (ACOP) shall become effective on the first day of the second month following the determination of rental amount or the effective date of the reexamination, whichever is later. At least thirty (30) days written notice will be given prior to the effective date of such increase.

Rent increases as a result of amount or interim reexaminations in which the tenant did not comply with the above-referenced reporting requirements shall be due on the first day of the month following the determination of the rental amount. At least fourteen (14) days written notice will be given prior to the effective date of such increase. Retroactive rent may be charged in accordance with the provisions of the ACOP if the circumstances warrant.

H. RENT COLLECTION PROCEDURES

Preparing for Rent Collection

Between the dates when books are closed and the beginning of the following month, all agency staff charged with rent collection responsibilities will prepare for the next month's rent collection. Managers are to obtain an accurate picture of any tenant entering the coming month with delinquent balances in rent or other charges by studying the *End-of-Month Delinquency Report, Aged Tenant Accounts Receivable Report, Daily records of Late Payments, Monthly Rent Roll, or Resident Ledgers.*

Checking Repayment Contracts

Manager shall review the file copies of any repayment agreements entered into in the current month to be familiar with the amounts the tenant executing such contracts will be required to pay in addition to rent in the coming month, as well as the duration of the repayment agreements.

Monitoring Eviction Paperwork

Managers shall make themselves fully aware of those residents with cases being processed for eviction by checking the files and paperwork of any delinquent tenants.

Preparing Rent Statements

The Accounting Department is responsible for preparing and posting by first class mail the rent statements in a timely manner, which ensures that they are received by the resident not later than the first calendar of the month in which rent is due. Manager shall be notified as quickly as possible if there is any delay or error in sending out rent statements.

Due Dates

Rent is due and payable on the first calendar day of the month. If the first day of the month falls on a weekend or holiday, the rent shall be due and payable on the first business day following that weekend or holiday. Tenants are to be kept informed of this through:

- Posting of notices and rent collection policy
- Briefing in orientations for new tenants
- Meetings with tenants who are having difficulty paying rent on time
- Periodic notices sent directly to tenants

Grace Period

Rent and other charges are considered delinquent if they have not been received by the close of business on the night (9th) calendar day after the rental due date. If the 9th day of the month falls on a weekend or holiday, the rent shall be considered delinquent by the close of business of the first business day following that weekend or holiday.

Managers shall be provided with a calendar indicating the rental due dates and the dates on which rent is late for the year. Managers shall review the calendar prior to the beginning of each month to stay informed of the timing of the due and delinquent dates.

Late Penalties and Charges

Late Fee: The Accounting Department shall post a charge of \$20.00 (Twenty Dollars) to the tenant's account if rent is delinquent. If the late payment is made on behalf of the resident through payroll deduction, protective payment or other vendor payment by an authorized agency, and the late payment is not the fault of the resident, the late fee shall be forgiven:

- Account of tenants whose rent is paid through payroll deductions or vendor payments shall be flagged (by Managers) on the resident ledgers and in the tenant's file.
- Each time a payment of rent through payroll deduction or vendor payment is late, the Manager shall:
 - Within two (2) days of the end of the grace period, determine the reason for the delay in payment.
 - If the delay is not the fault of the tenant, prepare an adjustment slip removing the \$20.00 late fee.
 - Forward the adjustment slip to the Executive Director for review and approval.
- The Executive Director will forward the approved adjustment slip to the Accounting Department for the charge to be removed.
- Upon receipt of the adjustment slip, Accounting shall:
 - Remove \$20.00 charge from the resident's account.
 - Issue a letter informing the tenant that the charge has been removed and the "14-Day Notice" is rescinded.

Returned Check Fee

A “Returned Check” Fee of \$32.00 (Thirty-Two Dollars) will be posted to the tenant’s account for returned (non-sufficient funds) checks. If a tenant pays with a bad check, the Manager will require that they pay by money order or cashier’s check for the next 12-month period. Additionally, the Manager shall flag the tenant’s account and file to alert staff that they are not to accept personal checks from that tenant for the appropriate period of time. If a tenant subsequently offers to pay with a personal check, the payment shall be refused and that tenant shall be instructed to obtain a money order or cashier’s check and return with the payment.

Court Costs and Attorney Fees

If a delinquency has to be referred to an attorney or the courts for collection or eviction, the appropriate charge, as established by the SHA, will be posted to the tenant’s account.

Acceptable Forms for Payment of Rent and Other Charges

Only the full amount of rent and/or charges will be accepted. No partial payments will be accepted unless they are made in accordance with a valid, up-to-date repayment agreement. Tenants may pay their rent by check or money order. No cash will be accepted for the payment of rent or charges. The SHA will not accept cash at the main office or any management offices. If a tenant appears to either the main office or any management office offering cash in payment for rent or other charges, it must not be accepted by the staff. The tenant must be directed to pay by check or money order.

Handling Payments

Only the following SHA personnel are specifically authorized to accept rent or charges, or handle any receipts for rent and other charges:

- ***Manager***
- ***Housing Assistance/Occupancy Specialist***
- ***Administrative Assistant to the Executive Director***
- ***Receptionist***

Payment in Person

If the tenant is paying in person, that tenant must present their rent/charge billing with the payment. The employee receiving the rent shall:

- ***Determine if the proper amount is being tendered.***
- ***Accept the payment if it is the proper amount.***
- ***Sign one copy of the billing and return it to the tenant.***
- ***Keep one copy of the billing and attach it to the payment.***
- ***Record receipt of the payments in the daily receipt journal.***

If the resident does not bring the billing, the employee receiving the payment shall:

- ***Determine if the proper amount is being tendered.***
- ***Accept the payment if it is the proper amount.***
- ***Prepare a receipt and give one copy to the tenant.***
- ***Attach a copy of the receipt to the payment.***
- ***Record receipt of the payments in the daily receipt journal.***

If the resident does not tender the proper amount of rent and other charges, the payment is to be refused and the tenant informed of the proper amount to be paid.

Payment by Mail

If the tenant's payment is mailed to the SHA Main Office, the resident is to include a copy of the billing statement with the payment. If no billing statement is provided, the cashier shall:

- ***Determine if the proper amount is being tendered.***
- ***Attach the deposit slip to the payment.***
- ***Record receipt of the payment in the daily receipts journal.***

If the proper amount of rent and/or charges is not tendered, the payment is to be refused:

- ***Prepare and attach a return slip to the payment.***
- ***Send the payment and attached slip to the Manager.***
- ***The Manager shall return the payment to the tenant.***

Acceptance of Delinquent Rent and Charges

Delinquent rent and/or charges may be accepted until the Sheriff completes the lockout. Staff shall accept such payment, however, only if the full amount including late fees and other penalties are tendered.

No payment(s) are accepted after LOCKOUT occurs.

Focus On Rent Collection

Managers should focus special attention on rent collections during the first ten (10) days of each month, until residents are consistently meeting their financial obligations to the SHA in a timely fashion. To the extent possible, training, inspections or recertification should be secondary to rent collection during this period. This time should be spent receiving rent, reminding residents of their obligation to pay, reviewing progress on payments, and contacting residents who have not paid their rent in a timely fashion.

Recording and Depositing Payments

Cash Receipts Journal: *The daily receipts shall be annotated with proper information by the receptionist or management staff each time a payment is received. At the end of each business day, the money received shall be counted and a tape made. The collections indicated in the daily receipts journal shall also be totaled. The amount of money collected and the daily receipts journal total must be equal.*

Daily Deposits and Transmittal: *Management staff responsible for transferring money collected to the Accounting Department shall do so on a daily basis. These funds must be accompanied by a transmittal, which indicates the amount of money from the collection of rents and other charges, including security deposits, being delivered. This transmittal and money shall be accompanied by the following:*

- *A calculator tape itemizing the amount of cash collection and totaling the day's collections;*
- *A calculator type itemizing the amount of each entry in the daily receipts journal and the total of entries; and*
- *The appropriate billings, duplicates of billings, or receipts as required to identify the source, amount and applicability of each payment received and transmitted.*

Resident Ledger

The Accounting Department will receive the daily collections from the management offices and from the Central Office. Accounting will also receive statements from the designated banks indicating the identity and amount of payments received for rents and other charges. As the daily receipts and bank-generated statements are received by the Accounting Department, the appropriate entries shall be made into the tenant accounting database. Each amount received shall be credited to the appropriate tenant's account. Accounting shall keep the records of tenant accounts up-to-date, so that all managers may review tenant accounts to ascertain who has and has not paid rent and/or other charges.

Delinquent Accounts

Staff is to place high priority on the collection of delinquent rents and charges. Control of delinquent accounts is to be considered an indicator of the Manager's effectiveness. Managers are to maintain records of delinquent tenants and of the efforts taken to collect amounts past due. Managers have the authority, within the limits established by the rent collection policy and procedures, to determine if tenant requests for modification of terms for payment are acceptable.

Determining Tenants to Contact

The primary means of inducing payment of delinquent amounts and establishing more compliant rent paying habits is by direct contact of SHA staff with the tenant. Each day after the fifth (5th) of each month, the staff responsible for rent collection will review the tenant accounts to determine which tenants have not paid rent. Depending on the time of month, the stage of their delinquency, and their payment habits, the staff will contact delinquent tenants in writing, in person, or by phone to inform them of the delinquency and to discuss payment. All contact with the resident is to be carried out in a courteous and professional manner.

Written Contact and Delinquency Notices

First Written Notice: All tenants who have not paid rent and other charges in full by the end of the grace period, and who have not had those amounts covered by an up-to-date repayment agreement, shall be sent or delivered the appropriate delinquency notices. On the first day rent and charges are delinquent, the Accounting Department shall prepare and deliver the “14-Day Demand for Rent” and/or the “30-Day Demand for Charges other than rent and Late Fees” notices to the tenant.

The notice shall be sent via certified mail, “return receipt requested”, to the tenant at the address of the leased unit, or hand-delivered to an adult member of the household by an agent to the SHA. A record of the mailing or delivery shall be made by:

- Placing a properly annotated copy of the mailed notice, along with the stub of the certified mail receipt, in the tenant’s file. This annotated copy shall indicate the date and time of mailing and the signature of the staff member that mailed the notice, or
- Placing a properly annotated copy of the mailed notice in the tenant’s file, and
- Annotating the “Notice Delivery Log” to indicate the household member’s receipt or refusal of receipt of the notice, along with the date and time of attempted delivery and the signature of the SHA personnel that made or attempted delivery.

Subsequent Written Notices: At the Manager’s discretion, a reminder letter may be sent to the tenant at any time during the running of the 14-Day and/or 30-Day notice. All follow-up notices may be mailed or hand delivered to an adult member of the household. A record of the reminder letters shall be made in the same manner as that for hand-delivery and posting of the 14-Day and 30-Day notices. No additional written notices are to be delivered after the 14-day and/or 30-day period has expired.

All tenants who have not paid rent and other charges in full by the end of the grace period and who have not had those amounts covered by an up-to-date repayment agreement shall be delivered or sent the appropriate delinquency notices in accordance with the following schedule (expressed in terms of calendar days):

Days After Grace	Type of Notice	Method of Service	Person Responsible
1	14-Day	Delivery/Certified Mail	Accounting
5	First Reminder	Delivery	Manager
7	Second Reminder	Delivery	Manager
10	Third Reminder	Delivery	Manager

Copies of all delinquency notices shall be retained by the appropriate manager for documentation of the tenant's file.

Telephone Contact

If the rent and/or other charges have not been paid by the close of business the fifth (5th) day of the delinquency, the Manager will attempt contact by telephone. The tenant may be contacted either at home or at work. Once contact is made, the manager shall try to ascertain the reason payment has not been made. If necessary, the tenant shall be asked when payment can be expected, or an appointment will be scheduled for the tenant to come to the management office to discuss their plans to pay, negotiate a repayment agreement or, if the tenant is claiming hardship, provide documentation of that hardship.

Home Visit

If the rent and/or other charges have not been paid by the close of business the fifth (5th) day of the delinquency or the Manager was unable to establish phone contact, personal contact with the tenant shall be attempted. The Manager will go to the tenant's apartment (repeatedly, if needed) both during and after working hours to talk to the tenant about the delinquency. If, after repeated visits, the tenant appears to be away, the Manager will contact the neighbors and relatives to find out whether the delinquent tenant may have abandoned the unit.

Verifying Abandoned Units

If there is any possibility that a unit may have been abandoned, the Manager shall promptly send the family a letter by certified mail (with a copy to the file) notifying the family that they must contact the development office or the Central Office within two (2) working days or staff will enter the unit to verify possible abandonment.

Should the family fail to contact the project office within five (5) calendar days after the letter is sent, the Manager will enter the unit to determine whether it has been abandoned. A unit may be considered to be abandoned if there are no signs of recent habitation, nothing of value left in the unit, and no authorized occupant of the unit is seen entering or leaving the premises within the last two (2) days.

If the unit appears to be abandoned (i.e., not occupied or inhabited for a period of fifteen (15) or more days, and signs that the most or all items of value have been removed), the Manager shall notify the tenant in accordance with State law. If the unit is not secure, the maintenance staff should secure it.

If a delinquent tenant abandons a unit, the Manager will make every effort to determine the total charges owed, including any repairs needed to the unit resulting from damage caused by the tenant's actions or negligence. This amount shall be reported to the Accounting Department, which will deduct such amounts, plus unpaid rent and charges, from the security deposit.

Documenting the File

Each attempt to contact the tenant about the delinquency will be noted in the tenant's file indicating the date of the attempted contact, the method of attempted contact, the person attempting the contact and the outcome. Managers shall note this information on the Delinquency Contact Report form that is to be a part of the tenant's file. Copies of all Legal Notices and reminders will be retained in the file. Any items sent by certified mail and returned unclaimed will be held in the file unopened so that the Court may open them.

Duration of Rent Collection Efforts

Rent collection efforts are a month-long task. Attempts to reach all delinquent tenants by telephone and home visits will be continued until the full amount due has been paid or until the 14-Day delinquency remedy period has expired, whichever comes first. This means that Managers should determine who usually pays late and begin lobbying family for payment before and after rent is due. Managers should also consider referring such families to financial counseling.

I. REPAYMENT AGREEMENTS

Repayment agreements may be used to modify the terms (periodic amount and timing) of delinquent amounts owed. The circumstances under which repayment agreements are acceptable are under the discretion of the Manager as long as the family meets the basic eligibility requirements for a repayment agreement. Managers are cautioned against the indiscriminate use of these agreements, as they can become an obstacle to timely collections.

Purpose of Repayment Agreement(s)

A repayment agreement sets up a legally binding agreement between a delinquent tenant and the SHA under which the tenant agrees to pay current rent charges, plus a fair amount each month toward delinquent rent or charges until the delinquency is repaid in full.

The SHA, for its part, agrees not to terminate the lease of the delinquent tenant for non-payment unless the tenant breaks the terms of the repayment agreement.

Eligibility to Enter Into a Repayment Agreement

*A tenant is eligible to execute a repayment agreement when **all** of the following conditions are met:*

- *No other repayment agreement is in force;*
- *The tenant has not been delinquent three (3) times within the preceding 12-month period;*
- *The repayment agreement is requested within the 14-day (for rent) or 30-day (for other charges) delinquency remedy which is concurrent with the running of the 14-Day or 30-Day Notice (this requirement may be waived if the tenant can prove that he/she was physically incapable of requesting this agreement during this period of time through no fault of his/her own);*
- *The tenant is not under any actual or pending eviction proceeding;*
- *There are no carryover balances from the previous month, and*
- *The reason for the request for the repayment agreement is valid and fully substantiated and documented.*

Generally, these agreements should be restricted to clear cases of the following hardships:

- *Death of an immediate family member.*
- *Serious illness that requires the un-reimbursed hospitalization of a member of the tenant's household.*
- *Similar grave circumstances beyond the control of the tenant.*
- *Lost or stolen paycheck.*
- *Unexpected SHA charge that exceeds the tenant's ability to pay in one sum.*

The Manager shall document and obtain third-party verification of the hardship claimed by the tenant. The Manager shall also document the reason for granting each request for a repayment agreement.

Terms of Repayment Contracts

The maximum duration of any repayment agreement that a Manager may approve shall be in twelve (12) months, inclusive of the month in which the down payment is made. Any agreement that will exceed 12 months shall be forwarded to the executive Director for review and final disposition. The terms of all SHA repayment contracts shall be stated in Section F.

When the down payment required exceeds \$125.00, the Manager may approve arrangements resulting in the payment of the portion that exceeds \$125.00 in equal installments over a two (2) month period.

Preparation to Negotiate a Repayment Agreement

The Manager will conduct a file review before meeting with the tenant to determine:

- *Whether the tenant's rent was computed correctly, whether any charge was correctly applied;*
- *Whether the tenant is entitled to some interim reduction in rent not yet granted;*
- *Whether the tenant's utility allowance has been reviewed within the past year as required by HUD regulations (24 CFR, part 965), or*
- *Whether the tenant might be entitled to rent abatement because of documented conditions hazardous to life, health or safety.*

Any of these situations might reduce or alter the amount delinquent (or eliminate the delinquency) so all these possibilities must be checked before meeting with the tenant. If any of these conditions are present and warrant a reduction in the amount of rent or charges due, an adjustment is to be made and any resulting rent credit shall be applied retroactively to the time that the circumstance arose.

The Manager's file review should also include an examination of the tenant's payment history, and pending eviction actions, special circumstances and income.

The Manager should be thoroughly familiar with the particulars of the tenant's circumstances and be able to fully document the tenant's eligibility and sufficiency of justification for a repayment agreement.

Negotiating a Repayment Agreement

Once the Manager has determined that the tenant is eligible, the parties will meet to address the terms of the agreement. The primary topics for the negotiation are the down payment and the amount of the subsequent monthly payments under the agreement. The negotiation shall be carried out in a professional and non-threatening manner.

Managers should attempt to shorten the duration of the agreement by seeking the largest down payment and subsequent monthly payment that the tenant can afford. Under no circumstances may the Manager agree to a term that is in excess of 12 months, or which requires down payment of less than what is specified by SHA policy. The Manager shall take into consideration factors of affordability when negotiating the terms of the repayment agreement.

The Manager shall emphasize to the tenant that the repayment agreement being negotiated must be paid of in full and in accordance with the terms before the tenant can be considered

for any other repayment agreement. The Manager should also inform the tenant that failure to abide by the terms of the agreement would be grounds for eviction for non-payment.

Executing the Repayment Agreement

Once the terms of the agreement have been settled, the Manager will fill out the Repayment Agreement form. The form will then be explained to the tenant and both parties will sign it in the appropriate places. Two copies of the executed agreement will be given to the tenant. The original copy of the agreement will be placed in the tenant's file.

The Manager will send a copy of the Repayment Agreement to the Executive Director within 24-hours. The tenant must pay the down payment at the management office at the time the Repayment Agreement is signed. The Manager shall record pertinent information from all executed repayment agreements in the Repayment Agreements Log.

COLLECTION OF VACATED ACCOUNTS

Maintaining Information on Tenant

The Manager should endeavor to maintain adequate data on the tenant to permit skip tracing should the tenant move out without notice or with a balance owing. A contact list for each tenant should be developed which includes information such as, names, addresses and phone number(s) of:

- *Relatives not living with the tenant*
- *Current and former employers*
- *Current and former associates*

The contact list should be regularly updated. The initial eligibility certification and annual reexamination are excellent opportunities for obtaining this information.

Establishing Amount of Vacated Accounts Receivable

When a tenant vacates a unit, the Manager will determine any amounts remaining due and payable to the SHA. The Manager shall take appropriate action to have this amount deducted from the security deposit. If such amount exceeds the security deposit, a vacant tenant account receivable is deemed to exist.

Contact with Vacant Tenant

Within two (2) days of the determination amount of the vacated account receivable, the Manager shall prepare and send a letter by certified mail to the last known address of the vacated tenant. The letter should state the amount of money owed and the date and manner by which it is to be paid. The vacated tenant should be instructed to contact the Manager immediately to discuss plans for payment. The vacated tenant shall be given no more than ten (10) days to repay the amount specified in the letter. In addition, the Manager shall prepare a notice to the local Credit Bureau informing it of the vacated tenant and the amount owed.

If the contact by mail fails to yield results by the date specified in the letter, the Manager shall attempt to contact the vacated tenant by phone, if possible.

If unable to reach the vacated tenant by phone or mail, the Manager must attempt to obtain a valid address or phone number of the vacated tenant. Persons on the contact list should be called as part of this effort.

Use of Outside Collection Sources

If after 30 days the Manager's attempts to collect from the vacated tenant have been unsuccessful, the account shall be turned over to the Collection Agency designated by the SHA to collect vacated accounts. This shall be accomplished by undertaking the following activities:

- *The Manager prepares a transmittal to the Accounting Department with the information on the vacated account, the fact that standard collection methods were unsuccessful, and that the account is to be turned over for collection.*
- *The Accounting Department will prepare a letter to the designated Collection Agency requesting collection of the vacated account. Copies of the letter will be forwarded to the Manager. The Accounting Department may forward to the Collection Agency any available information that might aid in the collection of the account.*

Write-off of Uncollected Vacated Accounts

After all reasonable efforts to collect vacated accounts have been taken, they shall be written off in accordance with the SHA's Write-Off Policy.

K. EVICCTIONS FOR NON-PAYMENT

Applicability

All tenants that have not paid their rent/charges in full by the expiration of the 14-Day and/or 30-Day notice shall be processed for eviction. The only exceptions are those tenants that have valid, up-to-date repayment agreements in force. The Executive Director must approve any exceptions to this requirement in writing.

Preparation of Documents

On the day after the expiration of the 14-Day and/or 30-Day notice period, the Manager shall review the accounts of all delinquent tenants. The files of those tenants that have not paid in full shall be pulled and the Manager shall prepare the following documentation for the eviction of each delinquent tenant:

- *Copy of tenant ledger*
- *Copy of 14-Day Notice to tenant*
- *Copies of subsequent written delinquency notices to tenant*

- *Copies of written verification of method of service of the notices*
- *Copies of all written work requests and work orders for the past 24 months*
- *Request for check to pay filing fees*

These documents shall be sent along with a transmittal to the Executive Director not later than one (1) day after the expiration of the applicable notice.

Filing the Eviction Papers

The Executive Director shall review the Manager's eviction files to ensure that the documentation and forms have been properly completed and that all legal requirements for notice have been met. The review shall be conducted within one (1) working day of the receipt of the documentation from the Manager.

The Executive Director will direct the Accounting Department to prepare the check in accordance with the request and forward it, along with the case file to the SHA attorney. The same day the check and eviction file are received from the Manager, the SHA attorney shall file the eviction with the court. The Manager should be prepared to testify in court should the eviction be contested.

Executing the Eviction

After entry of judgment in favor of the SHA and the court's issuance of the writ of possession, the court will order the writ posted on the premises. Twenty-four hours (24 hours) after the posting of the writ, the SHA may take possession of the premises and remove any personal property found on the premises, and place it curbside. The locks shall be changed at this time. In order to execute the eviction, the Manager shall:

- *Track the posting of the Writ of Possession;*
- *Coordinate the eviction activities, including scheduling the Sheriff's presence for the actual eviction;*
- *Schedule maintenance to remove the tenant's possessions 24 hours after posting of the Writ; and*
- *Have the unit secured by changing the locks and boarding up the windows.*

L. RENT COLLECTION MONITORING

HUD Form 52295

Each month the SHA accounting office will complete the HUD-52295 form for each development. Copies of the full set forms will be sent to the Executive Director and the Managers. Managers are encouraged to track the progress of their rent collection efforts by reviewing these forms when they are received. The Executive Director shall review these forms as part of the method of monitoring staff's performance in the area of rent collection

Delinquency Explanation Form

By the 20th day of each month, the Manger will send a Delinquency Explanation Form to the Executive Director. This form lists all delinquent tenants by status (under repayment agreement, being processed for eviction, and other). All delinquent tenants and the status of that delinquency will be reflected on this form. If there is a delinquent tenant and no action has been taken or action initiated has not been concluded in a timely manner, the Manger must provide an explanation.

M. RENT COLLECTION & REPAYMENT FORMS

- *SHA Delinquency Explanation Form – Parts I-III*
- *Repayment Contact Worksheet*
- *Repayment Agreement*
- *Repayment Agreement Log*
- *Repayment Agreement Register*
- *Example– First Reminder Letter*
- *Example – Second Reminder Letter*
- *Example– Third Reminder Letter*

GLOSSARY

I. TERMS USED IN DETERMINING RENT

ANNUAL INCOME (24 CFR 5.609)

Annual income is anticipated total income from all sources. This includes net income derived from assets, received by the family head and spouse (even if temporarily absent) and by each additional family member for the 12-month period following the effective date of initial determination or reexamination of income. It does not include income that is temporary, non-recurring, or sporadic as defined in this section, or income that is specifically excluded by other federal statute. Annual income includes:

- The full amount before any payroll deductions of wages and salaries, overtime pay, commission fees, tips and bonuses, and other compensation for personal services.
- The net income from operation of a business or profession, including any withdrawal of cash or assets from the operation of the business. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining the net income from a business. An allowance for the straight-line depreciation of assets used in a business or profession may be deducted as provided in IRS regulations. Withdrawals of cash or assets will not be considered income when used to reimburse the family for cash or assets invested in the business.
- Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for straight-line depreciation of real or personal property is permitted. Withdrawal of cash or assets will not be considered income when used to reimburse family for cash or assets invested in the property.
- When the family has net family assets in excess of \$5,000, Annual Income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
- The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.

NOTE: Treatment of lump sum payments for delayed or deferred periodic payment of Social Security of SSI benefits is dealt with later in this section.

- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay.
- All welfare assistance payments received by or on behalf of any family member (24 CFR 913.106(b)(6) contains rules applicable to “as-paid” States).
- Periodic and determinable allowances, such as alimony, child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
- All regular pay, special pay, and allowances of a member of the Armed Forces. (except special pay to a family member serving in the Armed Forces who is exposed to hostile.).

EXCLUSIONS FROM ANNUAL INCOME (24 CFR 5.609)

Annual income does not include the following:

- Income from employment of children (including foster children) under the age of 18 years;
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the resident family, who are unable to live alone);
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses;
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- Income of a live-in aide, provided the person meets the definition of a live-in aide;
- The full amount of student financial assistance paid directly to the student or to the educational institution;
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- The amounts received from the following programs:
 1. Amounts received under training programs funded by HUD;
 2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;
4. Amounts received as a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as the member of the PHA governing Board. No resident may receive more than one such stipend during the same period of time;
5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;
6. Temporary, nonrecurring or sporadic income (including gifts);
7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (For all initial determinations and reexaminations of income on or after April 22, 1993.);
8. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
9. Adoption assistance payments in excess of \$480 per adopted child;
10. The earnings and benefits to any resident resulting from the participation in a program employment training programs and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act (42 U.S.C. 1437t), or any comparable Federal, State, or local law during the exclusion period. For purposes of this exclusion the following definitions apply:
 - a. Comparable Federal, State or local law means a program providing employment training and supportive services that:
 - i. Is authorized by a Federal, State or local law;
 - ii. Is funded by the Federal, State or local government;
 - iii. Is operated or administered by a public agency; and

- iv. Has as its objective to assist participants in acquiring employment skills.
 - b. Exclusion period means the period during which the family member participates in a program described in this section, plus 18 months from the date the resident begins the first job acquired by the resident after completion of such program that is **not** funded by public housing assistance under the U.S. Housing Act of 1937. If the resident is terminated from employment with good cause, the exclusion period shall end.
 - c. Earnings and benefits mean the incremental earnings and benefits resulting from a qualifying employment-training program or subsequent job.
11. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;
 12. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;
 13. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
 14. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

The following benefits are excluded by other Federal statute as of August 3, 1993:

- a. The value of the allotment of food stamps.
- b. Payments to volunteers under the Domestic Volunteer Services Act of 1973.
- c. Payments received under the Alaska Native Claims Settlement Act [43 USC 1626(a)]
- d. Income from sub marginal land of the United States that is held in trust for certain Indian tribes. [25 USC 459(e)]
- e. Payments made under the Department of Health and Human Services' Low-Income Energy Assistance Program. [42 USC 8624(f)]

- f. Payments received under programs funded in whole or in part under the Job Training Partnership Act [29 USC 1552(b)]
 - g. Income from the disposition of funds of the Grand River Band of Ottawa Indians (Pub. L. 94-540).
 - h. The first \$2,000 per capita shares received from judgment funds awarded for certain Indian Claims Commission or the Court of Claims [25 USC 1407-08], or from funds held in trust for an Indian Tribe by the Secretary of Interior.
 - i. Amount of scholarships awarded under Title IV of the Higher Education Act of 1965, including awards under the Federal Work Study program or under the Bureau of Indian Affairs student assistance program [20 USC 1087(uu)].
 - j. Payments received under the Title V of the Older Americans Act of 1965 [42 USC 3056(f)].
 - k. Payments received after January 1, 1999 from Agent the Orange Settlement Fund or any other fund stabilized in the In-Re Orange Product Liability litigation.
 - l. Payments received under the Maine Indian Claims Act
 - m. The value of any child care provider or arranged (or any amount received as payment for such care or reimbursement for costs of incurred in such) under the Child Care and Development Block Grant Act of 1990. [42 USC 9858(q)]
 - n. Earned income tax credit refund payments [26USC 32(j)].
 - o. Payments for living expenses under the Americorps Program
 - p. Additional income exclusions provided by and funded by the Sanford Housing Authority
- The SHA will not provide exclusions from income in addition to those already provided for by HUD.

ADJUSTED INCOME

Annual income, less allowable HUD deductions.

Note: Under the Continuing Resolutions, PHAs are permitted to adopt other adjustments to earned income for resident of Public Housing, but must absorb any resulting loss in rental income.

All Families are eligible for the following:

The following deductions will be made from annual income:

Child Care Expenses: A deduction of amounts anticipated to be paid by the family for the care of children less than 13 years of age for the period for which the Annual Income is computed. Child care expenses are only allowable when such care is necessary to enable a family member to be gainfully employed or to further his/her education. Amounts deducted will must be unreimbursed expenses and shall not exceed: (1) The amount of income earned by the family member released to work, or (2) an amount determined to be reasonable by the SHA when the expense is incurred to permit education.

Dependent Deduction: An exemption of \$480 for each member of the family residing in the household (other than the head or spouse, live-in aide, foster child) who is under 18 years of age or who is 18 years of age or older and disabled, handicapped, or a full-time student.

Handicapped Expenses: A deduction of unreimbursed amounts paid for attendant care or auxiliary apparatus expenses for handicapped family members where such expenses are necessary to permit a family member(s), including the handicapped/disabled member to be employed. In no event may the amount of deduction exceed the employment income earned by the family member(s) freed to work.

Equipment and auxiliary apparatus may include but are not limited to: wheelchairs, lifts, reading devices for visually handicapped, and equipment added to cars and vans to permit use by the handicapped or disabled family member.

For non-elderly families and elderly families without medical expense: The amount of the deduction equals the cost of all unreimbursed expenses for handicapped care and equipment less three percent (3%) of Annual Income, provided the amount so calculated does not exceed the employment income earned.

For elderly families with medical expenses: The amount of the deduction equals the cost of all unreimbursed expenses for handicapped care and equipment less three percent (3%) of Annual Income, (provided the amount does not exceed earnings) plus medical expenses as defined below.

For Elderly and Disabled Families *Only*:

Medical Expenses: A deduction of unreimbursed medical expenses, including insurance premiums anticipated for the period for which Annual Income is computed. Medical expenses include, but are not limited to: services of physicians and other health care professionals, services of health care facilities; insurance premiums (including the cost of Medicare); prescription and non-prescription medicines; transportation to and from treatment; dental expenses; eyeglasses' hearing aids and batteries; attendant care (unrelated to employment of family members), and payments on accumulated medical bills. To be considered by the PHA for the purpose of determining a deduction from the income, the expenses claimed must be verifiable.

For elderly families without handicapped expenses: The amount of the deduction shall equal total medical expenses less three (3%) of Annual Income.

For elderly families with both handicapped and medical expenses: The amount of handicapped assistance is calculated first then medical expenses are added.

Elderly/Disabled Household Exemption: An exemption of \$400 per household.

II. GLOSSARY OF HOUSING TERMS

50058 Form: The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

1937 Housing Act: The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

Accessible Facility: All or any portion of a facility other than an individual dwelling unit used by individuals with physical handicaps.

Accessible Route: For persons with a mobility impairment, a continuous, unobstructed path that complies with space and reach requirements of the Uniform Federal Accessibility Standards (UFAC). For persons with hearing or vision impairments, the route need not comply with requirements specific to mobility.

Adaptability: Ability to change certain elements in a dwelling unit to accommodate the needs of handicapped and non-handicapped persons; or ability to meet the needs of persons with different types and degrees of disability.

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

Admission: Admission to the program is the effective date of the lease. The point at which a family becomes a resident.

Adult: A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

Allocation Plan: The plan submitted by the PHA and approved by HUD under which the PHA is permitted to designate a building, or portion of a building, for occupancy by Elderly Families or Disabled Families.

Allowances: Amounts deducted from the household's Annual Income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children less than 13 years of age.

Annual Contributions Contract (ACC): The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program. (24 CFR 5.403)

Annual Income After Allowances: The Annual Income (describe in Part I of Glossary) less the HUD-approved allowances.

Applicant (or applicant family): A person or family that has applied for admission to a program but is not yet a participant in the program. (24 CFR 5.403)

“As-Paid States”: States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs. Currently, the four as-paid States are New Hampshire, New York, Oregon, and Vermont.

Assets: See Net Family Assets.

Auxiliary Aids: Services or devices that enables persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in and enjoy the benefits of programs and activities.

Ceiling Rent: Maximum rent allowed for some units in public housing developments.

Certification: The examination of a household's income, allowable expenses, and family composition to determine the family's eligibility for program participation and to calculate the family's share of rent.

Child: For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age. (24 CFR 5.504(b))

Child Care Expenses: Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income. (24 CFR 5.603(d))

Citizen: A citizen or national of the United States of America. (24 CFR 5.504(b))

Co-Head: An individual in the household who is equally responsible for the lease with the Head of Household. A family may have a Co-Head or Spouse, but not both. A co-head never qualifies as a dependent.

Covered Families: The statutory term “covered families” designates the universe of families who are required to participate in a welfare agency economic self-sufficiency program and may, therefore, be the subject of a welfare benefit sanction for noncompliance with this obligation. “Covered families,” means families who receive welfare assistance or other public assistance benefits from a State or other public agency under a program for which Federal, State, or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for the assistance.

Department: The Department of Housing and Urban Development. (24 CFR 5.100)

Dependent: A member of the family (excluding foster children), other than the family head or spouse, who is under 18 years of age or is a Disabled Person or Handicapped Person, or is a full-time student. (24 CFR 5.603(d))

Dependent Allowance: An amount, equal to \$480 multiplied by the number of dependents, that is deducted from the household's annual income in determining adjusted annual income.

Designated Family: The category of family for whom the PHA elects to designate a project (e.g., elderly family in a project designated for elderly families) in accordance with the 1992 Housing Act. (24 CFR 945.105)

Disability Assistance Expenses: Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source. (24 CFR 5.603(d))

Disability Assistance Expense Allowance: In determining adjusted annual income, the amount of disability assistance expenses deducted from annual income for families with a disabled household member.

Disabled Family: A family whose head, spouse, or sole member is a person with disabilities; two or more persons with disabilities. A disabled family may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides. (24 CFR 5.403(b)) (Also see "person with disabilities.")

Disabled Person: See "person with disabilities."

Disallowance: Exclusion from the annual income.

Displaced Family: A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster relief laws. (24 CFR 5.403(b))

Domicile: The legal residence of the household head or spouse as determined in accordance with State and local law.

Drug-Related Criminal Activity: Term means:

Drug trafficking; or

Illegal use, or possession for personal use, of a controlled substance as defined in Section 102 of the Controlled Substances Act (21 U.S.C. 802).

Drug Trafficking: The illegal manufacture, sale, distribution or the possession with intent to manufacture, sell, or distribute a controlled substance (as defined in Section 102 of the Controlled Substances Act (21 U.S. 802)).

Economic Self-Sufficiency Program: Any program designed to encourage, assist, train, or facilitate the economic independence of assisted families or to provide work for such families. Economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, Workfare, financial or household management, apprenticeship, any other program necessary to ready a participant to work (such as: substance abuse or mental health treatment). Economic self-sufficiency program includes any work activities as defined in the Social Security Act (42 U.S.C. 607(d)). See the definition of

work activities as 24 CFR 5.603(c). The new definition of the term “economic self-sufficiency program” is used in the following regulatory provisions, pursuant to the Public Housing Reform Act: the family income includes welfare benefits reduces because of family failure to comply with welfare agency requirements to participate in an economic self-sufficiency program; and the requirement for public housing residents to participate in an economic self-sufficiency program or other eligible activities.

Elderly Family: A family whose head, spouse, or sole member is a person who is at least 62 years of age, or two or more persons who are at least 62 years of age or a disabled person. It may include two or more elderly, disabled persons living together or one or more such persons living with one or more live-in aides. (24 CFR 5.403)

Elderly Family Allowance: For elderly families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

Elderly Person: A person who is at least 62 years of age.

Eligible Family: A family is defined by the PHA in the Admissions and Continued Occupancy Policy.

Exceptional Medical or Other Expenses: Prior to the regulation change in 1982, this meant medical and/or unusual expenses as defined in Part 889, which exceed 25% of the Annual Income. It is no longer used.

Excess Medical Expenses: Any medical expenses incurred by elderly families only in excess of three percent (3%) of Annual Income which are not reimbursable from any other source.

Extremely Low-Income Family: A family whose annual income does not exceed 30% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than thirty percent of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

Fair Housing Act: Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

Family: The applicant must qualify as a family as defined by the PHA.

Family Members: All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

Family of Veteran or Serviceperson: A family is a “family of veteran or serviceperson” when:

The veteran or servicepersons (a) is either the head of household or related to the head of household; or (b) is deceased and was related to the head of the household, and was a family member at the time of death.

The veteran or serviceperson, unless deceased, is living with the family or is only temporarily absent unless s/he was (a) formerly the head of household and is permanently absent because of hospitalization, separation, or desertion, or is divorced; provided, the family contains one or more persons whose support s/he is legally responsible and the spouse has not remarried; or (b) not the head of the household but is permanently hospitalized; provided, that s/he was a family member at the time of hospitalization and there remain in the family at least two related persons.

Family Self-Sufficiency Program (FSS Program): The program established by a PHA to promote self-sufficiency to assisted families, including the provision of supportive services. (24 CFR 984.103(b))

Flat Rent: Rent for a public housing dwelling unit that is based on the market rent. The market rent is the rent charged for comparable units in the private, unassisted rental market at which the PHA could lease the public housing unit after preparation for occupancy.

Foster Child Care Payment: Payment to eligible households by State, local or private agencies appointed by the State to administer payments for the care of foster children.

Full-Time Student: A person who is attending school or vocational training on a full-time basis. CFR 5.603(b).

Handicapped Assistance Expenses: Anticipated costs for care attendants and auxiliary apparatus for handicapped or disabled family members that enable a family member (including the handicapped family member) to work.

Handicapped Person: [Referred to as a Person with a Disability] A person having a physical or mental impairment which is expected to be of long-continued and indefinite duration' substantially impedes his or her ability to live independently, and is in such a nature that such ability could be improved by more suitable housing conditions.

Head of Household: The person who assume legal and financial responsibility for the household and is listed on the application as head.

Homeless Person: Homeless Person Applicants are applicants who meet the HUD definition for the local preference, formerly know as a Federal preference.

Housing Agency: A State, country, municipality or other governmental entity or public body authorized to administer the program.

Housing and Community Development Act of 1974: The Act in which the U.S. Housing Act of 1937 was recodified and which added the Section 8 Programs.

Housing Assistance Plan: A Housing Assistance Plan submitted by a local government participating in the Community Development Block Program as part of the block grant application, in accordance with the requirements of 570-.303.(c) submitted by a local government not participating in the CDBG program and approved by HUD.

Housing Quality Standards (HQS): The HUD minimum quality standards for housing assisted under the Public Housing and Section 8 Programs.

HUD: The U.S. Department of Housing and Urban Development.

Imputed Asset: Asset disposed of for less than Fair Market Value during two years preceding examination or reexamination.

Imputed Income: HUD passbook rate items the total cash value of assets, when assets exceed \$5,000.

Imputed Welfare Income: The amount of annual, income not actually received by a family, as a result of a specified welfare benefit reduction, that is nonetheless included in the family's annual income. The amount is included in family annual income, and, and therefore, reflected in the family rental contribution based on this income.

Income: Income from all sources of each member of the household as determined in accordance with the criteria established by HUD.

Income-Based Rent: The tenant rent paid to the PHA that is based on family income and the PHA rental policies. The PHA uses a percentage of family income or some other reasonable system to set income-based rents. The PHA has broad flexibility in deciding how to set income-based rent for its tenants. However, the income-based tenant rent plus the PHA's allowance for tenant paid utilities may not exceed the "total tenant payment" as determined by a statutory formula.

Income for Eligibility: Annual Income.

Income Targeting: The HUD admission requirement that the PHAs not admit less than the number required by law of families whose income does not exceed 30% of the area median income in a fiscal year.

Indian: Any person recognized as an Indian or Alaska Native by an Indian Tribe, the Federal government, or any State.

Interim (examination): A reexamination of a family income, expenses, and household composition conducted between the regular annual recertifications when a change in a household's circumstances warrants such a reexamination.

Involuntarily Displaced Person: Involuntarily Displaced Applicants are applicants who meet the HUD definition for the local preference, formerly know as a Federal preference.

Lease: A written agreement between the PHA or Owner and an eligible family for the leasing of a housing unit.

Live-In Aide: A person who resides with an elderly person, near-elderly person, or disabled person and who:

- Is determined to be essential to the care and well- being of the person;

- Is not obligated for the support of the person; and
- Would not be living in the unit except to provide the necessary supportive services. (24 CFR 5.403(b))

Local Preference: A preference used by the PHA to select among applicant families without regard to their date and time of application.

Low-Income Family: This definition replaces a previous statutory reference. Generally, “low-income” designates a family whose income does not exceed 80% of area median income, with certain adjustments.

Market Rent: The rent HUD authorizes the owner of FHA insured/subsidized multi-family housing to collect from families ineligible for assistance. For unsubsidized units in an FHA-insured multi-family project in which a portion of the total units receive project-based rental assistance, under the Rental Supplement or Section 202/Section 8 Programs, the Market Rate Rent is that rent approved by HUD and is Contract Rent for a Section 8 Voucher holder.

Medical Expenses: Those total medical expenses anticipated during the period for which Annual Income is computed, and which are not covered by insurance. (Only Elderly Families qualify) The allowances are applied when medical expenses exceed three percent (3%) of the Annual Income.

Minimum Rent: An amount established by the PHA between zero and \$50.00.

Minor: A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.

Mixed Family: A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status. (24 CFR 5.504(b))

Monthly Adjusted Income: One twelfth (1/12) of the Annual Income after Allowances.

Monthly Income: One twelfth (1/12) of Annual Income before Allowances.

Near-Elderly Family: A family whose head, spouse, or sole member is a person who is at least 50 years of age, but less than 62 years old. The term includes two or more near-elderly persons living together and one or more such persons living with one or more live-in aides.

Net Family Assets: The net cash value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles are not counted as assets.

Non-Citizen: A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

Occupancy Standards: The standards that a PHA establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

Participant: A family that has been admitted to the PHA program and is currently assisted in the program.

Person with Disabilities:

1. A person who Has a disability as defined in 42 U.S.C. 423, and is determined, under HUD regulations, to have a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
2. A person who has a developmental disability as defined in 42 U.S.C. 6001.
3. An “individual with handicaps”, as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.
4. Does not exclude persons who have acquired immunodeficiency syndrome (AIDS) or conditions arising from AIDS.
5. Does not include a person whose disability is based solely on any drug or alcohol dependence.

Premises: The building or complex in which the dwelling unit is located including common areas and grounds.

Previously Unemployed: Includes a person who has earned, in the 12 months previous to employment, no more than would be received for 10 hours of work per week for 50 weeks at the established minimum wage.

Proration of Assistance: The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance. (24 CFR5.520)

Public Assistance: Welfare or other payments to families or individuals based on need, which are made under programs funded, separately or jointly, by Federal, state, or local governments.

Public Housing Agency (PHA): A state, county, municipality, or other governmental entity or public body authorized to administer the program. The term “PHA” includes an Indian Housing Authority (IHA).

Qualified Family: A family residing in public housing whose annual income increases as a result of employment of a family member who was unemployed for one or more years previous to employment; or increased earnings by a family member during participation in any economic self-sufficiency or on-the-job training program; or new employment or increased earnings of a family member, during or within six (6) months after receiving assistance, benefits or services under any State program for temporary assistance for needy families under Part A of Title IV of the Social Security Act., as determined by the PHA in consultation with the local TANF agency and Welfare-to-Work programs. TANF includes income and benefits and services such as one-time payments, wage subsidies and transportation assistance, as long as the total amount over a six-month period is at least \$500.

Quality Housing and Work Responsibility Act of 1998: The Act which amended the U.S. Housing Act of 1937 and is known as the Public Housing Reform Bill. The Act is directed at revitalizing and improving HUD's Public Housing and Section 8 assistance programs.

Recertification: The annual reexamination of a family's income, expenses, and composition to determine the family's rent.

Remaining Member of a Tenant Family: A family member left in assisted housing after other family members have left and become unassisted.

Residency Preference: A local preference for admission of persons who reside in a specified geographic area.

Responsible Entity: For the public housing, Section 8 tenant-based assistance, project-based certificate assistance and moderate rehabilitating program, the responsible entity means the PHA administering the program under an ACC with HUD. For all other Section 8 programs, the responsibility entity means the Section 8 owner.

Secretary: The Secretary of the Housing and Urban Development.

Security Deposit: A dollar amount which can be collected from the family by the owner upon termination of the lease and applied to unpaid rent, damages or other amounts owed to the owner under the lease according to State or local law.

Serviceperson: A person in the active military or naval service (including the active reserve) of the United States.

Single Person: A person living alone or intending to live alone who is not disabled, elderly, or displaced, or remaining member of a tenant family.

Specified Welfare Benefit Reduction: Those reductions of welfare agency benefits (for a covered family) that may not result in a reduction of the family rental contributions. "Specified welfare benefit reduction" means a reduction of welfare benefits by the welfare agency, in whole or in part, for a family member, as determined by the welfare agency, because of fraud by a family member in connection with the welfare program; or because of welfare agency sanction against a family member for noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program.

Spouse: The husband or wife of the head of household.

State Wage Information Collection Agency (SWICA): The State agency receiving quarterly wage reports from employers in the State or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information. (24 CFR 5.214)

Temporary Assistance to Needy Families (TANF): The program that replaced the Assistance to Families with Dependent Children (AFDC) that provides financial assistance to needy families who meet program eligibility criteria. Benefits are limited to a specified time period.

Tenant: (Synonymous with Resident) The person or persons who executes the lease as lessee of the dwelling unit.

Tenant Rent: The amount payable monthly by the family as rent to the PHA.

Third-Party (verification): Written or oral confirmation of a family's income, expenses, or household composition provided by a source outside the household.

Total Tenant Payment (TTP): The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.

Unit (Housing Unit): Residential space for the private use of a family. The size of a unit is based on the number of bedrooms contained within the unit and generally ranges from zero bedrooms to six bedrooms.

Utilities: Utilities means water, electricity, gas, other heating, refrigeration, cooking fuels, trash collection and sewage services. Telephone service is not included as a utility.

Utility Allowance: The PHA's estimate of the average monthly utility bills for an energy-conscious household. If all utilities are included in the rent, there is no utility allowance. The utility allowance will vary by unit size and type of utilities.

Utility Reimbursement: The amount, if any, by which the Utility Allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit. (24 CFR 5.603)

Very Low-Income Family: A low-income family whose Annual Income does not exceed 50% of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes.

Veteran: A person who has served in the active military or naval service of the United States at any time and who shall have been discharged or released from under conditions other than dishonorable.

Violent Criminal Activity: Any illegal criminal activity that has as one of its elements the use attempted use, or threatened use of physical force against the person or property of another.

Waiting List: A list of families organized according to HUD regulations and PHA policy that are waiting for subsidy to become available.

Welfare Assistance: Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments. (24 CFR 5.603(d))

Welfare Rent: In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities

III. GLOSSARY OF TERMS USED IN NON-CITIZEN RULE

Child: A member of the family other than the family head or spouse who is under 18 years of age.

Citizen: A citizen or national of the United States.

Evidence: Evidence of citizenship or eligible immigration status means the documents, which must be submitted to evidence citizenship or eligible immigration status.

Head of Household: The adult member of the family who is the head of household for purpose of determining income eligibility and rent.

INS: The U.S. Immigration and Naturalization Service.

Mixed Family: A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status.

National: A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession. (24 CFR 5.504(b))

Non-Citizen: A person who is neither a citizen nor national of the United States. (24 CFR 5.504(b))

PHA: A HOUSING AUTHORITY; EITHER A PUBLIC HOUSING AGENCY OR AN INDIAN HOUSING AUTHORITY OR BOTH.

RESPONSIBLE ENTITY: THE PERSON OR ENTITY RESPONSIBLE FOR ADMINISTERING THE RESTRICTIONS ON PROVIDING ASSISTANCE TO NONCITIZENS WITH IN ELIGIBLE IMMIGRATION STATUS (THE PHA).

Section 214: Section 214 restricts HUD from making financial assistance available for noncitizens unless they meet one of the categories of eligible immigration status specified in Section 214.

Spouse: Spouse refers to the marriage partner, either a husband or wife, who is someone you need to divorce in order to dissolve the relationship. It includes to the partner in a common-law marriage. It does not cover boyfriends, girlfriends, significant others, or “co-heads”.

CHAPTER 1

STATEMENT OF POLICIES AND OBJECTIVES

INTRODUCTION

The Section 8 Program was enacted as part of the Housing and Community Development Act of 1974, which recodified the U.S. Housing Act of 1937. The Act has been amended from time to time, and its requirements, as they apply to the Section 8 Tenant-Based Assistance Program, is described in and implemented throughout this Administrative Plan. The Section 8 Housing Choice Voucher program is federally funded and administered by the Sanford Housing Authority (SHA) through its Administration office.

Administration of the Section 8 Program and the functions and responsibilities of the SHA staff shall be in compliance with the SHA's Personnel Policy and the Department of Housing and Urban Development's (HUD) Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

JURISDICTION

The jurisdiction of the SHA is the City of Sanford.

PURPOSE OF THE PLAN

The purpose of the Administrative Plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program is implemented as of October 1, 1999; completion of the merger of pre-merger Regular Tenancy Contracts, Housing Voucher Contracts, and Over Fair Market Rent Tenancy Contracts was completed October 1, 2001.

The SHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this Plan, HUD regulations will have precedence. The SHA Board must approve the original Plan and any changes. The Plan must be included in the pertinent sections in the Agency Plan, and a copy provided to HUD upon request. Applicable regulations include: (1) 24 CFR Part 5: General Program Requirements, (2) 24 CFR Part 8: Nondiscrimination, (3) 24 CFR Part 982: Section 8 Tenant-Based Assistance.

RULES AND REGULATIONS

The Administrative Plan is set forth to define the SHA's local policies for operation of the housing programs in the context of Federal laws and Regulations. Such Federal regulations, HUD Memos, Notices and guidelines, or other applicable law governs all issues related to Section 8 not addressed in this document.

FAIR HOUSING POLICY

The SHA will comply with all Federal, State, and local nondiscrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The SHA shall not deny any family or individual the equal opportunity to apply for or receive assistance under the Section 8 Programs on the basis of race, color, sex, religion, creed, national or ethnic origin, age, familial or marital status, disability or sexual orientation.

To further its commitment to full compliance with applicable Civil Rights laws, the SHA will provide Federal/State/local information to Voucher holders regarding unlawful discrimination and any recourse available to families who believe they are victims of a discriminatory act. Such information will be made available during the family briefing session, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made a part of the Voucher holder's briefing packet and available upon request at the front desk.

All Housing Authority staff will be required to attend fair housing training and be informed of the importance of affirmatively furthering fair housing and providing equal opportunity to all families, including providing reasonable accommodations to persons with disabilities, as a part of the overall commitment to quality customer service. Fair Housing posters are posted throughout the Housing Authority offices, including in the lobby and interview rooms and the equal opportunity logo will be used on all outreach materials. Staff will attend local fair housing update trainings sponsored by HUD and other local organizations to keep current with new developments.

Except as otherwise provided in 24 CFR 8.21(c)(1), 8.24(a), 8.25, and 8.31, no individual with disabilities shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination because the SHA's facilities are inaccessible to or unusable by persons with disabilities. Posters and housing information are displayed in locations throughout the SHA's office in such a manner as to be easily readable from a wheelchair.

REASONABLE ACCOMMODATIONS

It is the policy of this PHA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to families.

A participant with a disability must first ask, in writing, for a specific change to a policy or practice as an accommodation of his or her disability before the PHA will treat a person differently than anyone else. The PHA's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing program and related services. The availability of requesting an accommodation will be made known by including notices on PHA forms and letters.

This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities and is applicable to all situations described in this Administrative Plan including when a family initiates contact with the PHA, when the PHA initiates contact with a family including when a family applies, and when the PHA schedules or reschedules appointments of any kind.

To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
2. A record of such impairment; or
3. Being regarded as having such an impairment

Note: This is not the same as the HUD definition used for purposes of determining allowances.

Rehabilitated former drug users and alcoholics are covered under the ADA. However, a current drug user is not covered. In accordance with 24 CFR 5.403(a), individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose drug or alcohol addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if disabling mental and physical limitations would persist if drug or alcohol abuse discontinued.

Once the person's status as a qualified person with a disability is confirmed, the PHA will require that a professional third party competent to make the assessment provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

If the PHA finds that the requested accommodation creates an undue administrative or financial burden, the PHA will either deny the request and/or present an alternate accommodation that will still meet the need of the person.

An undue administrative burden is one that requires a fundamental alteration of the essential functions of the PHA (i.e., waiving a family obligation). An undue financial burden is one that when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the PHA.

The PHA will provide a written decision to the person requesting the accommodation within a reasonable time. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the PHA's decision.

Reasonable accommodation will be made for persons with a disability that requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability. All PHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

Verification of Disability

The PHA will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

Applying for Admission

All persons who wish to apply for any of the PHA's programs must submit an application as indicated in our public notice. Applications will be made available in an accessible format upon request from a

person with a disability. To provide specific accommodation to persons with disabilities, upon request, the information may be mailed to the applicant and, if requested, it will be mailed in an accessible format.

The full application will also include questions asking all applicants whether reasonable accommodations are necessary.

TRANSLATION OF DOCUMENTS

The Housing Authority currently has bilingual staff to assist non-English speaking families; also resources are available in the area to accommodate applicants and residents in Spanish.

MANAGEMENT ASSESSMENT OBJECTIVES

SHA operates its housing assistance program with efficiency and can demonstrate to HUD auditors that the SHA is using its resources in a manner that reflects its commitment to quality and service. The policies and practices are consistent with the areas of measurement for the following HUD SEMAP indicators.

- | | |
|----------------------------------|------------------------------------|
| Selection from the Waiting List | Reasonable Rent |
| Determination of Adjusted Income | Utility Allowance Schedule |
| HQS Quality Control Inspections | HQS Enforcement |
| Expanding Housing Opportunities | Payment Standards |
| Annual Re-examinations | Correct Tenant Rent Calculations |
| Pre-Contract HQS Inspections | Annual HQS Inspections |
| Lease-up | FSS Enrollment and Escrow Balances |
| Bonus Indicator Deconcentration | |

Supervisory quality control reviews will be performed by a qualified person other than the person who performed the work, as required by HUD, on the following SEMAP factors:

- | | |
|----------------------------------|---------------------|
| Selection from the waiting list | Rent reasonableness |
| Determination of adjusted income | HQS Enforcement |
| HQS Quality Control | |

The annual sample of files and records will be drawn in an unbiased manner, leaving a clear audit trail. The minimum sample size to be reviewed will relate directly to each factor. In order to demonstrate compliance with HUD and other pertinent regulations, the SHA will maintain records, reports and other documentation for a time that is in accordance with HUD requirements and in a manner that will allow an

auditor, housing professional or other interested party to follow, monitor and or assess the operational procedures objectively and with accuracy and in accordance with SEMAP requirements.

OUTREACH to FAMILIES and OWNERS

SHA will publicize and disseminate information to make known the availability of housing assistance and related services for very low-income families on a regular basis. When the SHA's waiting list is open, the SHA will publicize the availability and nature of housing assistance for very low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach persons who cannot read the newspapers, the SHA will distribute fact sheets to the broadcasting media, and initiate personal contacts with members of the news media and community service personnel. The SHA may also utilize public service announcements.

The SHA will communicate the status of housing availability to other service providers in the community, and advise them of housing eligibility factors and guidelines in order that they can make proper referrals for housing assistance.

The SHA makes a concerted effort to keep private owners informed of legislative changes in the tenant-based program, which are designed to make the program more attractive to owners. This includes informing participant owners of applicable legislative changes in program requirements.

The SHA encourages owners of decent, safe and sanitary housing units to lease to Section 8 families. The SHA conducts periodic meetings with participating owners to improve owner relations and to recruit new owners. The SHA will maintain lists of available housing submitted by owners in all neighborhoods within the Housing Authority's jurisdiction to ensure greater mobility and housing choice to very low-income households.

CHAPTER 2

ELIGIBILITY FOR ADMISSION

INTRODUCTION

This Chapter defines both HUD and SHA's criteria for admission and denial of admission to the program. The SHA staff will review all information provided by the family carefully and without regard to factors other than those defined in this Chapter. Families will be provided the opportunity to explain their circumstances, to furnish additional information, if needed, and to receive an explanation of the basis for any decision made by the SHA pertaining to their eligibility.

ELIGIBILITY FACTORS

The SHA accepts applications only from families whose head or spouse is at least 18 years of age or emancipated minors under State law. To be eligible for participation, an applicant must meet HUD's criteria, as well as any permissible additional criteria established by the SHA.

The HUD eligibility criteria are:

- An applicant must be a "family"
- An applicant must be within the appropriate Income Limits
- An applicant must furnish Social Security Numbers for all family members age six and older
- An applicant must furnish declaration of Citizenship or Eligible Immigrant Status and verification where required
- At least one member of the applicant family must be either a U.S. citizen or have eligible immigration status before the SHA may provide any financial assistance.
- Reasons for denial of admission are addressed in the "Denial or Termination of Assistance" chapter. These reasons for denial constitute additional admission criteria.
- The Family's initial eligibility for placement on the waiting list will be made in accordance with the eligibility factors.
- Evidence of Citizenship/Eligible Immigrant Status will not be verified until the family is selected from the waiting list for final eligibility processing for issuance of a Voucher, unless the SHA determines that such eligibility is in question, whether or not the family is at or near the top of the waiting list.

FAMILY COMPOSITION

The applicant must qualify as a Family. A Family may be a single person or a group of persons. A "family" includes a family with a child or children; a group of persons consisting of two or more elderly persons or disabled persons living together; or one or more elderly or disabled persons living with one or more live-in aides.

A single person family may be:

- An elderly person
- A displaced person
- A person with a disability. Note: Individuals may not be considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Any other single person

A family also includes:

- Two or more persons who intend to share residency whose income and resources are available to meet the family's needs.
- Two or more elderly or disabled persons living together, or one or more elderly, near elderly or disabled persons living with one or more live-in aides.

Head of Household

The head of household is the adult member of the household who is designated by the family as head, is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law. Emancipated minors who qualify under State law will be recognized as head of household.

Spouse

Spouse means the husband or wife of the head.

For proper application of the Non-citizens Rule, the definition of spouse is: the marriage partner whom, in order to dissolve the relationship would have to be divorced. It includes the partner in a common law marriage. The term "spouse" does not apply to boyfriends, girlfriends, significant others, or co-heads.

Co-Head

An individual in the household who is equally responsible for the lease with the Head of Household. A family may have a spouse or co-head, but not both. A co-head never qualifies as a dependent.

Live-in Attendants

A Family may include a live-in aide provided that such live-in aide,

- Is not obligated for the support of the person(s), and
- Would not be living in the unit except to provide care for the person(s).
- Is determined by the SHA to be essential to the care and well being of that person(s).

A live-in aide is treated differently than family members:

- Income of the live-in aide is not counted for purpose of determining eligibility or level of benefits.

- Live-in aides are not subject to Non-Citizen Rule requirements.
- Live-in aides may not be considered as a remaining member of the tenant family.
- Relatives are not automatically excluded from being live-in aides, but they must meet all of the elements in the live-in aide definition described above.

A live in aide may only reside in the unit with the approval of the SHA. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or caseworker. The verification provider must certify that a live-in aide is needed for the care of the family member who is elderly, near elderly (50-61) or disabled. Verification must include the hours the care will be provided. At any time, the SHA will refuse to approve a particular person as a live-in aide or may withdraw such approval if:

- The person commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;
- The person commits drug-related criminal activity or violent criminal activity; or
- The person currently owes rent or other amounts to the SHA or to another PHA in connection with Section 8 or Public Housing assistance under the 1937 Housing Act.

Split Households Prior to Voucher Issuance

When a family on the waiting list splits into two otherwise eligible families due to divorce or legal separation, and the new families both claim the same placement on the waiting list, and there is no court determination, the SHA will make the decision taking into consideration the following factors:

- Which family member applied as head of household?
- Which family unit retains the children or any disabled or elderly members?
- Restrictions that were in place at the time the family applied.
- Role of domestic violence in the split.
- Recommendations of social service agencies or qualified professionals such as children's protective services.
- Documentation of these factors is the responsibility of the applicant families. If either or both of the families do not provide the documentation, they may be denied placement on the waiting list for failure to supply information requested by the SHA.

In cases where domestic violence played a role, the standard used for verification will be the same as that required for the "domestic violence" preference. The SHA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home.

Multiple Families in the Same Household

When families apply consisting of two families living together, (such as a mother and father, and a daughter with her own husband or children), they will be treated as a family unit.

Joint Custody of Children

Children who are subject to a joint custody agreement but live with one parent at least 51 percent of the time will be considered members of the household. "51 percent of the time" is defined as 183 days of the year, which do not have to run consecutively.

When both parents are on the Waiting List and both are trying to claim the child, the parent whose address is listed in the school records will be allowed to claim the school-age child as a dependent.

INCOME LIMITATIONS

To be eligible for assistance, an applicant must have an Annual Income at the time of admission that does not exceed the **low-income** limits for occupancy established by HUD. ***Not less than 75 percent of new admissions to the Section 8 Program must have income at or below 30 percent of the median area income.***

To be income eligible the family may be under the low-income limit in any of the following categories:

- A very low-income family.
- A low-income family that is continuously assisted under the 1937 Housing Act. An applicant is continuously assisted if the family has received assistance under any 1937 Housing Act program within **120** days of Voucher issuance. Programs include any housing federally assisted under the 1937 Housing Act.
- A low-income family physically displaced by rental rehabilitation activity under 24 CFR part 511.
- A low-income non-purchasing family residing in a HOPE 1 or HOPE 2 project.
- A low-income non-purchasing family residing in a project subject to a home-ownership program under 24 CFR 248.173.
- A low-income family or moderate-income family that is displaced as a result of the prepayment of a mortgage or voluntary termination of a mortgage insurance contract on eligible low-income housing under 24 CFR 248.165.
- A low-income family that qualifies for Voucher assistance as a non-purchasing family residing in a project subject to a resident home ownership program.
- **Portability:** For initial lease-up at admission, families who exercise portability must be within the applicable income limit for the jurisdiction of the receiving PHA in which they want to relocate.

MANDATORY SOCIAL SECURITY NUMBERS

Families are required to provide verification of Social Security Numbers for all family members age 6 and older prior to admission, if the Social Security Administration has issued them a number. This requirement also applies to persons joining the family after admission to the program.

Failure to furnish verification of social security numbers is grounds for denial or termination of assistance. Persons who have not been issued a Social Security Number must sign a certification that they have never been issued a Social Security Number.

Persons who disclose their Social Security Number but cannot provide verification must sign a certification and provide verification within 60 days. Elderly persons must provide verification within 120 days.

CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS

In order to receive assistance, a family member must be a U.S. citizen or eligible immigrant. Individuals, who are neither, may elect not to contend their status. Eligible immigrants are persons who are in one of the immigrant categories as specified by HUD. For the Citizenship/Eligible Immigration requirement, the status of each member of the family is considered individually before the family's status is defined.

Mixed Families. A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed." Such applicant families will be given notice that their assistance will be pro-rated and that they may request a hearing if they contest this determination.

All members ineligible. Applicant families that include no eligible members are ineligible for assistance. Such families will be denied admission and offered an opportunity for a hearing.

Non-citizen students. Defined by HUD in the non-citizen regulations. Not eligible for assistance.

Appeals. For this eligibility requirement only, the applicant is entitled to a hearing exactly like those provided for participants.

Verification of Status before Admission

The SHA will not provide assistance to families prior to the verification of eligibility for the individual or at least one member of the family pursuant to this section.

OTHER CRITERIA FOR ADMISSIONS

The SHA will apply the following criteria, in addition to the HUD eligibility criteria, as grounds for denial of admission to the program:

- The family must not have violated any family obligation during a previous participation in the Section 8 program for 3 years prior to final eligibility determination.
- The SHA may make an exception, if the family member who violated the family obligation is not a current member of the household on the application.
- The family must be in good standing regarding any current payment agreement made with another PHA for a previous debt incurred, before this PHA will allow participation in its Section 8 program.
- The SHA will check criminal history for all adults in the household to determine whether any member of the family has violated any of the prohibited behaviors as referenced in the "Denial or Termination of Assistance" chapter.
- If any applicant deliberately misrepresents the information on which eligibility or tenant rent is established, the SHA may deny assistance and may refer the family file/record to the proper authorities for appropriate disposition.

SCREENING

The SHA will not screen family behavior or suitability for tenancy. The SHA will not be liable or responsible to the owner or other persons for the family's behavior or the family's conduct in tenancy.

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before SHA approval of the tenancy, the SHA will inform the owner that screening and selection for tenancy is the responsibility of the owner. The owner is responsible for screening families including such factors as:

- Payment of rent and utility bills
- Caring for a unit and premises
- Respecting the rights of other residents to the peaceful enjoyment of their housing
- Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and
- Compliance with other essential conditions of tenancy.
- The SHA will advise families how to file a complaint if they have been discriminated against.
- The SHA will advise the family to make a Fair Housing complaint.
- The SHA may also report the owner to HUD (Fair Housing/Equal Opportunity) or the local Fair Housing Organization.

CHANGES IN ELIGIBILITY PRIOR TO EFFECTIVE DATE OF THE CONTRACT

Changes that occur during the period between issuance of a voucher and lease up may affect the family's eligibility or share of the rental payment.

INELIGIBLE FAMILIES

Families who are determined to be ineligible will be notified in writing of the reason for denial and given an opportunity to request an informal review, or an informal hearing if they were denied due to noncitizen status. The SHA will deny admission to any person convicted of manufacturing or producing any illegal drugs and/or methamphetamine on premises of assisted housing. "Premises" is a building or complex in which dwelling units are located, including common areas and grounds.

PROHIBITED ADMISSIONS CRITERIA

Admission to the program may not be based on where the family lives before admission to the program.

Admission to the program may not be based on:

- Discrimination because members of the family are unwed parents, recipients of public

assistance, or children born out of wedlock.

- Discrimination because a family includes children.
- Whether a family decides to participate in a family self sufficiency program; or
- Other reasons as listed in the "Statement of Policies and Objectives" chapter under the Fair Housing and Reasonable Accommodations sections.

CHAPTER 3

APPLYING FOR ADMISSION

INTRODUCTION

The policy of the SHA is to ensure all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but the SHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Plan.

HOW TO APPLY

Families who wish to apply for any of the SHA's programs must complete a written application form when applications are being accepted. Applications will be made available in an accessible format upon request from a person with a disability. The application process will involve two phases. The first is the "initial" application for assistance (referred to as a pre-application). This first phase results in the family's placement on the waiting list.

The second phase is the "final determination of eligibility". The full application takes place when the family reaches the top of the waiting list. At this time the SHA ensures that verification of all HUD and SHA eligibility factors is current and accurate in order to determine the family's eligibility for the issuance of a Voucher.

OPENING/CLOSING OF WAITING LIST

The SHA will advertise through public notice, minority publications, and media entities, the location(s), and program(s) for which applications are being accepted. The notice will contain:

- The dates, times, and the locations where families may apply.
- The programs for which applications will be taken.
- A brief description of the program.
- Limitations, if any, on whom may apply.

The notices will be made in an accessible format if requested. They will provide potential applicants with information that includes the SHA address and telephone number, how to submit an application, information on eligibility requirements, and the availability of local preferences.

Upon request from a person with a disability, additional time will be given as an accommodation for submission of an application after the closing deadline. This accommodation is to allow persons with disabilities the opportunity to submit an application in cases when a social service organization provides inaccurate or untimely information about the closing date.

The open period shall be long enough to achieve a waiting list adequate to cover projected turnover and new

allocations over the next 12 months.

When the application is submitted to the Housing Authority it is placed on the waiting list. When the waiting list is open any family asking to be placed on the waiting list for Section 8 rental assistance will be given the opportunity to complete an application.

INITIAL APPLICATION PROCEDURES

The SHA will utilize a preliminary-application form (pre-application). The information is to be filled out by the applicant whenever possible. To provide specific accommodation to persons with disabilities, a staff person may complete the information over the telephone. It may also be mailed to the applicant and, if requested, it will be mailed in an accessible format. Translations will be provided for non-English speaking applicants by staff in Spanish.

The purpose of the pre-application is to permit the SHA to complete a preliminary assessment of family eligibility or ineligibility. The pre-application will contain questions designed to obtain the following information:

- Names of adult members and age of all members.
- Sex and relationship of all members.
- Street address and phone numbers.
- Mailing address (If PO Box or other permanent address).
- Amount(s) and source(s) of income received by household members.
- Information regarding Disabilities relating to program requirements (i.e., deductions).
- Social Security Numbers.
- Race/ethnicity.
- Citizenship/eligible immigration status.
- Arrests/Convictions for Drug Related or Violent Criminal Activity.
- Request for Specific Accommodation needed to fully utilize program and services.

Duplicate applications, including applications from a segment of an applicant household, will not be accepted. Ineligible families will not be placed on the waiting list. Pre-applications will not require an interview. The information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

Applicants are required to inform the SHA in writing within 10 days of changes in family composition, income, and address. Applicants are also required to respond to requests from the SHA to update information on their application, or to determine their continued interest in assistance. If an applicant fails to respond to a request for information, the applicant's name will be removed from the list.

TIME OF SELECTION

When funding is available, families will be selected from the waiting list in order by date and time only. SHA has determined that there will be no preferences in admission to the Section 8 program.

COMPLETION OF A FULL APPLICATION

When the SHA is ready to select applicants, applicants will be required to complete a full application in their own handwriting, unless assistance is needed, or a request for a reasonable accommodation is made by a person with a disability. The applicant will then be interviewed by SHA staff to review the information on the full application form. The full application will be mailed as requested as an accommodation to a person with a disability in advance of the interview.

Requirement to Attend Interview

The SHA utilizes the full application interview to discuss the family's circumstances in greater detail, to clarify information that has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other SHA services or programs that may be available.

To the extent feasible, all adult members are required to attend the interview and sign the housing application. Exceptions may be made for students attending school out of State or for members for whom attendance would be a hardship.

It is the applicant's responsibility to reschedule the interview if he/she misses the appointment. If the applicant does not reschedule or misses one additional scheduled meeting, the SHA will reject the application. The applicant will be removed from the waiting list, unless acceptable documentation that an emergency prevented him/her from calling is provided to the SHA. Applicants who fail to appear and want to reschedule a missed appointment must make the request to reschedule no later than five business days from the original appointment date.

Reasonable accommodation will be made for persons with a disability that require an advocate or accessible offices. A designee will be allowed to provide some information, but only with permission of the person with a disability. If an application is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal review.

All adult members must sign the form HUD 9886, Release of Information, the application form, and all supplemental forms required by the SHA, the declarations and consents related to citizenship/immigration status and any other documents required by the SHA. Applicants will be required to sign specific verification forms for information that is not covered by the form HUD 9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and release as required by the SHA.

Information provided by the applicant will be verified including information related to family composition, income, allowances and deductions, assets, eligible immigration status, full time student status and other factors related to preferences, eligibility and rent calculation. Verifications may not be more than 60 days old at the time of voucher issuance. If the SHA determines at or after the interview that additional information or documents are needed, the SHA will request the document(s) or information in writing. The

family will be given five business days to supply the requested information. If the information is not supplied in this time period, the SHA will provide the family a notification of denial for assistance.

FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY

After the verification process is completed, the SHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the SHA, and the current eligibility criteria in effect. If the family is determined to be eligible, the SHA will mail a notification of eligibility. A briefing will be scheduled for the issuance of a voucher and the family's orientation to the housing program.

CHAPTER 4 MAINTAINING THE WAITING LIST

INTRODUCTION

It is the SHA's objective to ensure that the families are placed in the proper order on the waiting list so that an offer of assistance is not delayed to any family, or made to any family prematurely. This chapter defines the eligibility criteria and explains the SHA's system of applying them. By maintaining an accurate waiting list, the SHA will be able to perform the activities that ensure that an adequate pool of qualified applicants will be available so that program funds are used in a timely manner.

APPLICATION POOL

The waiting list will be maintained in accordance with the following guidelines:

1. The application will be a permanent file.
2. Date and time of application will determine order of selection with certain exceptions listed below.
3. All applicants must meet income eligibility requirements.

Not less than 75 percent of new admissions to the Section 8 Program must have incomes at or below 30 percent of the median area income.

PREFERENCES

Date and time are used for determining selection from the waiting list. Any additions of local preferences will be announced by public notice and will require a public hearing prior to implementation.

Displaced by Natural Disasters: This preference is for families or individuals that have been displaced by a natural disaster and their housing situation has been declared a Federal Disaster area as defined below:

Displaced families in federally declared disasters who are Section 8 voucher holders or public housing residents in another jurisdiction will receive preference over other waiting list placeholders. A Housing Choice Voucher will be issued from SHA's allocation if there is sufficient funding available.

TARGETED FUNDING

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria.

ORDER OF SELECTION

The order of selection is based on date and time of application and elderly, disabled families and displaced singles will always be selected over singles for units designated for the elderly.

REMOVAL FROM WAITING LIST AND PURGING

If an applicant fails to respond within 10 days they will be removed from the waiting list. An extension will be considered as an accommodation if requested by a person with a disability. If a letter is returned by the Post Office without a forwarding address, the applicant will be removed from the waiting list without further notice, and the envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re-mailed to the address indicated. If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement.

The waiting list will be purged not less than annually by mailing a notification to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest. The same guidelines will be used for failure to respond to this mailing. Notices will be made available in accessible format upon the request of a person with a disability.

CHAPTER 5

DETERMINATION OF BEDROOM SIZE

INTRODUCTION

HUD guidelines require that housing agencies establish subsidy standards for the determination of the Voucher bedroom size, and that such standards provide for a minimum commitment of subsidy while avoiding overcrowding. The standards used for the Voucher size also must be within the minimum unit size requirements of HUD's Housing Quality Standards. This Chapter explains the subsidy standards that will be used to determine the voucher size for various sized families when they are selected from the waiting list, as well as the SHA's procedures when a family's size changes or a family selects a unit size that is different from indicated on the Voucher.

DETERMINING VOUCHER SIZE

The SHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom on the Voucher. The SHA's subsidy standards for determining voucher size shall be applied in a manner consistent with Fair Housing guidelines. For subsidy standards, an adult is a person 18 years or older. All standards in this section relate to the number of bedrooms on the Voucher, not the family's actual living arrangements. The criteria to determine bedroom size for applicants and participants in the program shall be the same. The unit size on the Voucher remains the same as long as the family composition remains the same, regardless of the actual unit size rented.

Generally, the SHA assigns one bedroom to two people within the following guidelines:

- Adults of the opposite sex (other than spouse or significant other), persons of different generations (20 years) and unrelated adults should be allocated a separate bedroom.
- An adult will not be required to share a bedroom with a child over the age of three.
- Foster children (or those who present guardianship papers) will be included in determining unit size only if they will be in the unit for more than 12 months.
- Bedroom space will not be provided for a child who is away at school and lives with the family only during school recesses. A family will not be asked to downsize unless they request a move.
- Separate bedrooms for children of the opposite sex will be allowed if one child is over the age of five.
- Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.
- Persons who cannot share a bedroom because of health related reasons must provide valid medical documentation to substantiate claim.
- Single person families shall be allocated a one-bedroom Voucher.

- A live-in aide will not be required to share a bedroom with a member of the household.

GUIDELINES FOR DETERMINING VOUCHER SIZE		
Voucher Size	Persons in Household (Minimum)	Persons in Household (Maximum)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10

If the SHA errs in the bedroom size designation, the family will be issued a Voucher of the appropriate size so that the family is not penalized.

Changes for Participants

The members of the family residing in the unit must be approved by the SHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the SHA within 10 days.

Requests for Exception to Subsidy Standards for Participants

The SHA will grant an exception upon request as an accommodation for persons with disabilities.

Underhoused and Overhoused Families

If a unit does not meet HQS space standards due to an increase in family size (unit too small), the SHA will issue a new Voucher and assist the family in locating a suitable unit. The SHA will also notify the family of the circumstances under which an exception will be granted, such as a family with a disability is under-housed in an accessible unit.

UNIT SIZE SELECTED

The family may select a different size dwelling than that listed on the Voucher. There are three criteria to consider:

- **Rent Limitation:** The SHA must always apply the Payment Standard for the Voucher size or the unit size selected by the family, whichever is less. HUD publishes the Fair Market Rents (FMRs) annually. The SHA will use the most current FMRs published to establish the Payment Standard. The Voucher Payment Standard will be set at not less than 90 percent of the published FMR, and not greater than 110 percent, unless there is a HUD approved exception for the appropriate bedroom size. The Payment Standard will be reviewed annually to ensure that the SHA is within HUD established guidelines.

- **Utility Allowance:** The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's Voucher.

- **Housing Quality Standards:** The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room, in addition to bedrooms and living rooms, is used for sleeping.

HQS GUIDELINES FOR UNIT SIZE SELECTED	
Maximum # of Persons in Household	
0 Bedroom	1
1 Bedroom	2
2 Bedrooms	4
3 Bedrooms	6
4 Bedrooms	8
5 Bedrooms	10

The guidelines will not be used to determine the voucher size, but rather to determine if the participant is in an overcrowded situation.

CHAPTER 6

TOTAL TENANT PAYMENT DETERMINATIONS

INTRODUCTION

The accurate calculation of Annual Income and Adjusted Income will ensure that families are not paying more or less money for rent than their obligation under the Regulations. This Chapter defines the allowable deductions from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). The SHA's policies in this Chapter address those areas that allow the SHA discretion to define terms and to develop standards in order to assure consistent application of the various factors that relate to the determination of TTP.

INCOME AND ALLOWANCES

Income: The types of money that is to be used as income for purposes of calculating the TTP are defined in the federal regulations. In accordance with this definition, income from all sources of each member of the household is counted. Annual income is defined as the gross amount of income anticipated to be received by the family during the 12 months after certification or re-certification. Gross income is the amount of income prior to any allowable expenses or deductions, and does not include income that has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits.

Adjusted Income is defined as the Annual Income minus any HUD allowable deductions. HUD has five allowable deductions from Annual Income:

- Dependent allowance: \$480 each for family member (other than the head or spouse) who are minors, and for family members who are 18 and older who are full-time students or who are disabled.
- "Elderly" allowance: \$400 for a family whose head or spouse is 62 or over or disabled.
- Allowable medical expenses for all family members are deducted for "disabled or elderly" families.
- Childcare expenses for children under 13 are deducted when childcare is necessary to allow an adult member to work or attend school. Childcare is allowed only for the time that an adult is actually working or attending school.
- Expenses for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an adult family member to work.

DEFINITION OF TEMPORARILY/PERMANENTLY ABSENT

The SHA must compute all applicable income of every family member who is on the lease, including those who are temporarily absent. In addition, the SHA must count the income of the spouse or the head of the household if that person is temporarily absent, even if that person is not on the lease.

Income of persons permanently absent will not be counted. If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and other exceptions to military pay HUD may define) is counted as income.

It is the responsibility of the head of household to report changes in family composition. The SHA will evaluate absences from the unit using this policy.

Absence of Entire Family

These policy guidelines address situations when the family is absent from the unit and to give the SHA information about any family absence from the unit.

"Absence" means that no family member is residing in the unit. Families are required to notify the SHA prior to moving out of the unit, and to provide the SHA with information about any family absence from the unit. If the entire family is absent from the assisted unit for more than 30 consecutive days, the unit will be considered vacated and the assistance will be terminated.

Absence of Any Member

Any member of the household will be considered permanently absent if she/he is away from the unit for 60 consecutive days in a 12-month period except as otherwise provided in this Chapter.

Absence due to Medical Reasons

If any family member leaves the household to enter a facility such as hospital, nursing home, or rehabilitation center, the SHA will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less than 90 consecutive days, the family member will not be considered permanently absent.

Absence due to Incarceration

If the sole member is incarcerated for more than 60 consecutive days, she/he will be considered permanently absent. Any member of the household, other than the sole member, will be considered permanently absent if she/he is incarcerated for 60 consecutive days in a twelve-month period. The SHA shall determine if the reason for incarceration is for drug-related or violent criminal activity for purposes of determining continued eligibility.

Foster Care and Absences of Children

If the family includes a child or children temporarily absent from the home due to placement in foster care, the SHA will determine from the appropriate agency when the child/children will be returned to the home. If the time period is to be greater than three months from the date of removal of the children, the Voucher size will be reduced. If all children are removed from the home permanently, the Voucher size will be reduced in accordance with the SHA's subsidy standards.

Absence of Adult

If neither parent remains in the household and the appropriate agency has determined that another adult is to be brought into the assisted unit to care for the children for an indefinite period, the SHA will treat that adult as a visitor for the first 90 days.

If by the end of that period, court-awarded custody or legal guardianship has been awarded to the caretaker, the Voucher will be transferred to the caretaker. If the appropriate agency cannot confirm the guardianship status of the caretaker, the SHA will review the status at 90-day intervals.

If a member of the household is subject to a court order that restricts him/her from the home for more than 3 months, the person will be considered permanently absent. The family will be required to notify the SHA in writing within 10 days when an adult family member moves out. The notice must contain a certification by the family as to whether the adult is temporarily or permanently absent. The family member will be determined permanently absent if verification is provided.

If an adult child goes into the military and leaves the household, they will be considered permanently absent. A student (other than head of household or spouse) who attends school away from home but lives with the family during school recesses may, at the family's choice, be considered either temporarily or permanently absent. If the family decides that the member is permanently absent, income of that member will not be included in total household income. The member will not be included on the lease and the member will not be included in the determination of the Voucher size.

Visitors

Any adult not included on the form HUD 50058 who has been in the unit more than 14 consecutive days, or a total of 30 days in a 12-month period, will be considered to be living in the unit as an unauthorized household member. Absence of evidence of any other address will be considered verification that the visitor is a family member.

The burden of proof that the individual is a visitor rests on the family. In the absence of such proof, the individual will be considered an unauthorized member of the family and the SHA will terminate assistance since prior approval was not requested for the addition.

Minors and college students who were part of the family but who now live away from home during the school year and are not considered members of the household may visit for up to 120 days per year without being considered a member of the household.

In a joint custody arrangement, if the minor is in the household less than 120 days per year, the minor will be considered to be an eligible visitor and not a family member.

Reporting Additions to Owner and SHA

Reporting changes in household composition to the SHA is both a HUD and a SHA requirement. In addition, the lease may require the family to obtain prior written approval from the owner when there are changes in family composition. An interim reexamination will be conducted for any additions to the

household.

The family obligations require the family to request SHA approval to add any other family member as an occupant of the unit and to inform the SHA of the birth, adoption or court-awarded custody of a child. The family must request prior approval of additional household members in writing. If the family does not obtain prior written approval from the SHA, any person the family has permitted to move in will be considered an unauthorized household member.

Reporting Absences to the SHA

Reporting changes in household composition is both a HUD and a SHA requirement. The SHA will conduct an interim evaluation for changes that affect the TTP in accordance with the interim policy.

If a family member leaves the household, the family must report this change to the SHA, in writing, within 10 days of the change and certify as to whether the member is temporarily absent or permanently absent.

INCOME AVERAGING

When Annual Income cannot be anticipated for a full twelve months, the SHA may:

- Average known sources of income that vary to compute an Annual Income, or
- Annualize current income and conduct an interim reexamination if income changes.

If there are bonuses or overtime that the employer cannot anticipate for the next twelve months, bonuses and overtime received the previous year will be used. Income from the previous year may be analyzed to determine the amount to anticipate when third party or check-stub verification is not available.

If by averaging, an estimate can be made for those families whose income fluctuates from month to month, this estimate will be used so that the housing payment will not change from month to month. The method used depends on the regularity, source and type of income.

REGULAR CONTRIBUTIONS AND GIFTS

Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment. If the family's expenses exceed its known income, the SHA will question the family about contributions and gifts. The SHA will expect that a tenant's income exceed expenses and the TTP will be calculated on that assumption.

Any contribution or gift received every month or more frequently will be considered a "regular" contribution or gift. This includes rent and utility payments made on behalf of the family and other cash or non-cash contributions provided on a regular basis. It does not include casual contributions or sporadic gifts. (See Chapter 7, "Verification Procedures," for further definition.)

ALIMONY AND CHILD SUPPORT

Regular alimony and child support payments are counted as income for calculation of Total Tenant Payment. If the amount of child support or alimony received is less than the amount awarded by the court, the SHA must use the amount awarded by the court unless the family can verify that they are not receiving

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the full amount. The SHA will accept as verification that the family is receiving an amount less than the amount awarded if:

1. The SHA receives verification from the agency responsible for enforcement or collection.
2. The family furnishes documentation of child support or alimony collection action filed through a child support enforcement/collection agency, or has filed an enforcement or collection action through any attorney.

It is the family's responsibility to supply a certified copy of the divorce degree.

LUMP-SUM RECEIPTS

Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses are not included in income but may be included in assets.

Lump-sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset. Deferred periodic payments that have accumulated due to a dispute will be treated the same as periodic payments that are deferred due to delays in processing.

Attorney Fees

The family's attorney fees may be deducted from lump-sum payments when computing annual income if the attorney's efforts have recovered a lump-sum compensation, and the recovery paid to the family does not include an additional amount in full satisfaction of the attorney fees.

CONTRIBUTIONS TO RETIREMENTS FUNDS, ASSETS

Contributions to company retirement/pension funds are handled as follows:

1. While an individual is employed, count as assets only amounts the family can withdraw without retiring or terminating employment.
2. After retirement or termination of employment, count any amount the employee elects to receive as a lump sum.

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

The SHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The SHA will count the difference between the market value and the actual payment received in calculating total assets.

Assets disposed of as a result of foreclosure or bankruptcies are not considered to be assets disposed of for less than fair market value. Assets disposed of as a result of a divorce or separation is not considered to be assets disposed of for less than fair market value.

CHILD CARE EXPENSES

Childcare expenses for children under 13 may be deducted from annual income if they enable an adult to work or attend school. In the case of a child attending private school, only after-hours care can be counted as childcare expenses.

Allowable deductions for child care expenses are based on the following guidelines:

1. Child care to work: The maximum childcare expense allowed must be less than the amount earned by the person unable to work. The "person unable to work" will be the adult member of the household who earns the least amount of income from working.
2. Child care for school: The number of hours claimed for childcare may not exceed the number of hours the family member is attending school (including one hour travel time to and from school).
3. Amount of Expense: The SHA may collect data as a guideline. If the hourly rate materially exceeds the guideline, the SHA may calculate the allowance using the guideline.

If the child care provider is not a professional agency or organization, the SHA may require proof that the person being used for childcare actually earns, receives and/or reports the income. The proof may be a copy of the income tax filed by the provider or copies of canceled checks. This is especially significant if the provider is a relative.

MEDICAL EXPENSES

Non-prescription medicines must be "doctor-recognized" in order to be considered a medical expense. Print outs from the client's drug store will be used. Acupressure, acupuncture and related herbal medicines, and chiropractic services will be considered allowable medical expenses. Any expenses considered by the IRS will be considered as allowable expenses.

PRORATION OF ASSISTANCE FOR "MIXED" FAMILIES

Applicability: Proration of assistance may be offered to any "mixed" applicant or participant family. A "mixed" family is one that includes at least one U.S. citizen or eligible immigrant and any number of ineligible members.

"Mixed" families that were participants on June 19, 1995, may be offered prorated assistance. Applicant mixed families may be entitled to prorated assistance. Families that become mixed after June 19, 1995, by addition of an ineligible member may be entitled to prorated assistance. Refer to 24 CFR 5.500 for eligibility criteria.

Prorated Assistance Calculation: Prorated assistance is calculated by determining the amount of

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assistance payable if all family members were eligible and multiplying by the percent of the family members who actually are eligible. Total Tenant Payment is the gross rent minus the prorated assistance.

REDUCTION IN BENEFITS

If family benefits, such as Social Security, SSI or TANF, are reduced through no fault of the family, the SHA will use the net amount of the benefit. If the family's benefits were reduced due to family error, neglect, omission, or misrepresentations, the SHA will use the gross amount of the benefit. The SHA will not lower the rent for a family whose welfare payments are reduced because of fraud, the family's failure to participate in economic self-sufficiency program, or failure to comply with work activity requirements. The SHA will verify the circumstances with the Department of Children and Family Services.

UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS

The Utility Allowance Schedule is reviewed annually and revised when appropriate in accordance with HUD guidelines. The utility allowance is used to help defray the cost of utilities not included in the rent and is subtracted from Total Tenant Payment to establish the family's rent to the landlord. The allowances are based on actual rates and average consumption studies, not on a family's actual consumption. The SHA will review the Utility Allowance Schedule on an annual basis and revise it if needed. The approved utility allowance schedule is given to families during orientation. The utility allowance is based on the actual unit size selected.

The established utility allowance for a family leasing a Manufactured Home Space is 40 percent of the utility allowance for the actual unit size.

Where the Utility Allowance exceeds the family's Total Tenant Payment, the SHA will provide a Utility Reimbursement Payment to the family each month. The check will be made out directly to the program participant.

CHAPTER 7

VERIFICATION PROCEDURES

INTRODUCTION

HUD regulations require that the factors of eligibility and Total Tenant payment be verified by the SHA. Applicants and program participants must furnish proof of their statements whenever required by the SHA, and the information they provide must be true and complete. The SHA's verification requirements are designed to maintain program integrity. This Chapter explains the SHA's procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and when there are changes in family members. The SHA will ensure that proper authorization from the family is always obtained before making verification inquiries.

METHODS OF VERIFICATION

The SHA will verify information through the five methods of verification acceptable to HUD in the following order:

1. Up-Front Income Verification/Third-Party Written
2. Third-Party Oral
3. Review of Documents
4. Family Certification

The SHA will allow a reasonable amount of time for the return of third-party verifications before going to the next method. For applicants, verifications may not be more than 60 days old at the time of Voucher issuance. For participants, they are valid for 120 days from date of receipt.

Up-Front Income Verification

UIV is the verification of income through an independent source, making use of income information databases such as those maintained by the Social Security Administration, State Wage Information Collection Agencies (SWICAs) and private vendors, before or during a family reexamination.

There are various resources that the SHA can use to verify income through the UIV method. Here is a list of some sources that may be used; the list below is not all-inclusive:

1. Tenant Assessment Subsystem (TASS): A HUD provided Internet-based benefit tool, TASS matches Social Security (SS) and Supplemental Security Income (SSI) to comparable tenant data from Multifamily Tenant Characteristic System (MTCS) and other HUD databases.
2. State Wage Information collection Agencies (SWICAs): Often a part of a State's Department of Labor, SWICAs can disclose wage information, and whether an individual is receiving, has received, or has made application for unemployment compensation. In some States, information on disabilities, including the amount of any disability compensation being received or to be received, can be disclosed.

3. The Work Number: An automated service that provides controlled access to a national database of almost 40 million employment and income records, the Work Number can provide quick and accurate employment and wage information.
4. Advanced HR Solutions: An automated employment and wage verification program for companies and their employees. Verification request of employment or wage information from banks, credit card companies, and government agencies can be handled quickly and confidentially through this automated system.
5. Experian: Electronically links and gathers data from various sources to deliver consistent, accurate, real-time view of customer data. Experian maintains and manages customer information, from names and addresses to vehicle numbers and credit information. Its extensive data resources provide better insight into how a customer behaves.
6. Internal Revenue Service (IRS) Letter 1722: An IRS Letter 1722, also known as a tax account listing, provides applicants'/tenants' filing status, exemptions claimed, adjusted gross income, taxable income, taxes paid, etc.

Third-Party Written Verification

Third-party verification is used to verify information directly with the source. Third-party written verification forms will be sent and returned via first class mail or fax. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the source are considered third party written verifications. Third-party verification forms will not be hand carried or submitted by the family with the following exceptions. The SHA will accept computerized printouts from the following agencies:

1. Social Security Administration
2. Veteran's Administration
3. Welfare Assistance
4. Unemployment Compensation
5. City or County Courts

Third-Party Oral Verification

When unable to obtain third party written verification, the assigned SHA staff person will document the file noting with whom they spoke, the date of the conversation, and the facts provided. The SHA will compare the information to any documents provided by the family. If provided by telephone, the SHA must originate the call.

In the event that third-party written or oral verification is unavailable, or the information has not been verified by the third party within a reasonable amount of time, the SHA will notate the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents, excluding government checks, will be photocopied and retained in the applicant file.

In cases where documents are viewed which cannot be photocopied, staff viewing the documents will certify the file of the documents viewed. The SHA will accept the following documents from the family provided that the document is such that tampering would be easily noted:

- Printed wage stubs
- Computer printouts from the employer
- Signed letters (provided that the information is confirmed by phone)
- Other documents noted in this Chapter as acceptable verification

The SHA will accept faxed documents and photocopies. If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the SHA will utilize the third-party verification. The SHA will not delay the processing of an application beyond 21 days because a third party information provider does not return the verification in a timely manner.

Family Certification by notarized statement will only be accepted when third-party verification (written and oral) and documents are not obtainable.

RELEASE OF INFORMATION

The family will be required to sign specific authorization forms when information is needed that is not covered by the form HUD 9886, Authorization for Release of Information. Each member requested to consent to the release of information will be provided with a copy of the appropriate forms for their review and signature. Family refusal to cooperate with the HUD prescribed verification system will result in denial of admission or termination of assistance because it is a family obligation to supply any information requested by the SHA or HUD.

ITEMS TO BE VERIFIED:

- All income not specifically excluded by the regulations.
- Zero-income status of household.
- Full-time student status including High School students who are 18 or over.
- Current assets including assets disposed of for less than fair market value in preceding two years.
- Childcare expense where it allows an adult family member to be employed or to further his/her education.
- Total medical expenses of all family members in households whose head or spouse is elderly or disabled.
- Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus that allow an adult family member to be employed.
- U.S. citizenship/eligible immigrant status.
- Social Security numbers for all family members.
- "Preference" status, based on Local preferences.
- Familial/Martial status when needed for head or spouse definition.
- Disability for determination of preferences, allowances or deductions.

VERIFICATION OF INCOME

This section defines the methods the SHA will use to verify various types of income.

Employment Income

Verification forms to the employer will request the following information:

- Dates of employment.
- Amount and frequency of pay.
- Date of the last pay increase.
- Likelihood of change of employment status and effective date of any known salary increase during the next 12 months.
- Year to date earnings.
- Estimated income from overtime, tips, and bonus pay expected during the next 12 months.

Acceptable Methods of Verification Include:

- Employment verification form completed by the employer.
- Check stubs or earning statements that indicate the employee's gross pay, frequency of pay and year to date earnings.
- W-2 forms plus income tax return forms.
- Income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program participants may be requested to sign an authorization for release of information from the Internal Revenue Service for further verification of income. In cases where there are questions about the validity of information the SHA will require the most recent federal income tax statements.

Benefit Income

Social Security, Pensions, Supplementary Security Income (SSI), Disability Income. Acceptable methods of verification include:

1. Benefit verification form completed by agency providing the benefits.
2. Award of benefit notification letters prepared and signed by the providing agency.
3. Computer report electronically obtained or in hard copy.

Unemployment Compensation

Acceptable methods of verification include:

1. Verification form completed by the unemployment compensation agency.
2. Computer printouts from unemployment office stating payment dates and amounts.
3. Welfare Payments or General Assistance

TANF Cash Assistance

Acceptable methods of verification include:

1. SHA verification form completed by payment provider.
2. Written statement from payment provider indicating the amount of grant payment, start date of payments, and anticipated changes in payment in the next 12 months.
3. Computer-generated notice.

Alimony or Child Support Payments.

Acceptable methods of verification include, in this order:

1. Copy of a separation or settlement agreement or a divorce stating amount and type of support and payment schedules.
2. Copy of latest check and/or payment stubs from Court Trustee. SHA must record the date, amount, and number of the check.

If payments are irregular, the family must provide:

1. A copy of the separation or settlement agreement or a divorce decree stating the amount and type of support and payment schedules.
2. A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.

Net Income from a Business

In order to verify the net income from a business, the SHA will view IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months. Acceptable methods of verification include:

- IRS Form 1040, including:
 - Schedule C (Small Business)
 - Schedule E (Rental Property Income)
 - Schedule F (Farm Income)
- Audited or unaudited financial statement(s) of the business.

If an applicant/participant is operating a licensed day care business, income will be verified as with any other business. If the applicant/participant is operating a "cash and carry" operation (which may or may not be licensed), the SHA will require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment, amount paid, and signature of person.

The SHA will conduct interim reevaluations approximately every 90 days and require the participant to provide a log with the information about customers and income. If childcare services were terminated, third-party verification will be sent to the parent whose child was cared for.

Recurring Gifts

The family must furnish a notarized Statement of Contributions from the individual(s) contributing resources to the household. The statement must contain the following information:

- The name of the person who provides the gifts.
- The value of the gifts.
- The regularity (dates) of the gifts.
- The purpose of the gifts.
- Contact information (address and telephone number) of the person who provides the gifts.

A notarized self-certification containing the above listed information will be accepted from the family if a Statement of Contributions from the individual(s) contributing the resources is unobtainable.

Zero Income Status

Families claiming to have no income will be required to execute a verification form to determine that forms of income such as unemployment benefits, TANF, SSI, etc., are not being received by the household. In addition the SHA will request information from IRS and may check records of other entities in the jurisdiction (such as utilities) that have information about income sources of customers. The family may be required to report to the SHA every 60 days to review their status.

Full Time Student Status

Only the first \$480 of the earned income of full time students, other than head or spouse, will be counted towards family income. Financial aid, scholarships and grants received by full time students are not counted toward family income. Verification of full time student status includes:

- Written verification from the registrar's office or other school official.
- School records indicating enrollment for sufficient number of credits to be considered a full-time student by the education institution.

INCOME FROM ASSETS

Acceptable methods of verification include:

Savings Account Interest Income and Dividends

- Account statements, passbooks, certificates of deposit, or SHA verification forms completed by the financial institution.
- Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
- IRS Form 1099 from the financial institution provided that the SHA must adjust the information to project earnings expected for the next 12 months.

Interest Income from Mortgages or Similar Arrangements

- A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)
- Amortization schedule showing interest for the 12 months following the effective date of the certification or recertification.

VERIFICATION OF ASSETS

Family Assets

The SHA will require the necessary information to determine the current cash value, (the net amount the family would receive if the asset were converted to cash).

- Verification forms, letters, or documents from a financial institution or broker.
- Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.
- Real estate tax statements if the approximate current market value can be deduced from assessment.
- Financial statements for business assets.
- Copies of closing documents showing the selling price and the distribution of the sale's proceeds.

Assets disposed of for less than Fair Market Value during two years preceding effective date of certification or recertification

For all certifications and recertifications, the SHA will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or recertification.

If the family certifies that they have disposed of assets for less than Fair Market Value (FMV), verification/certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

Child Care Expenses

- Written verification from the person who receives the payments is required. If the childcare provider is an individual, she/he must provide a statement of the amount they are charging the family for their services.
- Verifications must specify the child care provider's name, address, telephone number, the names of the children cared for, the number of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods.
- Family's certification as to whether any of those payments have been or will be paid or reimbursed by

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outside sources.

- If a family member or friend is the person performing childcare service, they may be requested to produce his/her income tax as proof of receipt of the income or provide canceled checks.

Medical Expenses

Families who claim medical expenses or expenses to assist a person(s) with a disability will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. All expense claims will be verified by one or more of the methods listed below:

- Written verification by a doctor, hospital or clinic personnel, dentist, pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.
- Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.
- Written confirmation from the Social Security Administration of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.
- For attendant care:
 - a. A reliable, knowledgeable professional's certification that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.
 - b. Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency, copies of canceled checks the family used to make those payments, or stubs from the agency providing the services.
- Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.
- Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.
- Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. SHA may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous year.
- The SHA will use mileage at the IRS rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

Assistance to Persons with Disabilities

➤ In All Cases:

- (a) Written certification from a reliable, knowledgeable professional that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.
- (b) Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

➤ Attendant Care:

- (a) Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.
- (b) Certification of family and attendant and/or copies of canceled checks family used to make payments.

➤ Auxiliary Apparatus:

- (a) Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.
- (b) In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

VERIFYING NON-FINANCIAL FACTORS

Verification of Legal Identity

In order to prevent program abuse, the SHA will require applicants to furnish verification of legal identity for all family members. The documents listed below will be considered acceptable verification of legal identity for all adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

- Certificate of Birth, naturalization papers.
- Current, valid Driver's license.

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following.

- Certificate of Birth.
- Adoption papers.
- Custody agreement.

Verification of Marital Status

This information will be used to determine spouse income and deduction and noncitizen purposes only. Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer. Verification of a separation may be a copy of court-ordered maintenance or other records. Verification of marriage status is a marriage certificate.

Familial Relationships

In cases where reasonable doubt exists, the family may be asked to provide verification. The following verifications will be required if applicable:

1. Birth Certificates
2. Verification of guardianship may require:
 - Court-ordered assignment
 - Affidavit of parent
 - Verification from Social Services Agency

Verification of Permanent Absence of Adult Member

If an adult member who was formerly a member of the household is reported permanently absent by the family, the SHA will consider any of the following as verification:

- Husband or wife institutes divorce action.
- Husband or wife institutes legal separation.
- Order of protection/restraining order obtained by one family member against another.
- Proof of another home address, such as utility bills, canceled checks for rent, driver's license, or lease or rental agreement, if available.
- Statements from other agencies such as social services or a written statement from the landlord or manager that the adult family member is no longer living at that location.
- If the adult family member is incarcerated, a document from the court or prison should be obtained stating how long they will be incarcerated.

Verification of Change in Family Composition

The SHA may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.

Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehab specialist, or licensed social worker, using the HUD language as the verification format.

Verification of Citizenship/Eligible Immigrant Status

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to contend their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare his or her status once. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the SHA hearing is pending.

- Citizens or Nationals of the United States are required to sign a declaration under the penalty of perjury.
- Eligible Immigrants who were Participants and 62 or over on June 19, 1995, are required to sign a declaration of eligible immigration status and provide proof of age.
- No citizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The SHA verifies the status through the INS SAVE system. If this primary verification fails to verify status, the SHA must request within ten days that the INS conduct a manual search.
- Ineligible family members who do not claim to be citizens or eligible immigrants must be listed on a statement of ineligible family members signed by the head of household or spouse.
- Noncitizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of ineligible members.

Failure to Provide.

If an applicant or participant family member fails to sign required declarations and consent forms or provide documents, as required, they must be listed as an ineligible member. If the entire family fails to provide and sign, as required, the family may be denied or terminated for failure to provide required information.

Time of Verification. For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the same time as verification of other factors of eligibility for final eligibility determination. For participants, it is done at the first regular recertification after June 19, 1995. For family members added after other members have been verified, the verification occurs at the first recertification after the new member moves in. Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial PHA does not supply the documents, the SHA must conduct the determination.

Extensions of Time to Provide Documents. Extensions must be given for persons who declare their eligible immigration status but need time to obtain the required documents. The length of the extension shall be based on individual circumstances. The SHA will generally allow up to 30 days to provide the document or a receipt issued by the INS for issuance of replacement documents.

Acceptable Documents of Eligible Immigration. The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

- Resident Alien Card (1-551)
- Alien Registration Receipt Card (1-151)
- Arrival-Departure Record (1-94)
- Temporary Resident Card (1-688)
- Employment Authorization Card (1-688B)
- Receipt issued by the INS for issuance of replacement of any of the above documents that show individual's entitlement has been verified

A birth certificate is not acceptable verification of status. All documents in connection with U. S. citizenship/eligible immigrant status must be kept five years.

Verification of Social Security Numbers

Social Security numbers must be provided as a condition of eligibility for all family members if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If a family member cannot produce a Social Security Card, only the documents listed below showing his or her Social Security Number may be used for verification. The family is also required to certify in writing that the document(s) submitted in lieu of the Social Security Card information provided is/are complete and accurate:

- A driver's license
- Identification card issued by a Federal, State or local agency
- IRS Form 1099
- Benefit award letters from government agencies
- Retirement benefit letter
- Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
- Verification of benefits or Social Security Number from Social Security Administration

New family members will be required to produce their Social Security Card or provide the substitute documentation described above together with their certification that the substitute information provided is complete and accurate. This information is to be provided at the time the change in family composition is reported to the SHA.

If an applicant or participant is able to disclose the Social Security number but cannot meet the documentation requirements, the applicant or participant must sign a certification to that effect provided by the SHA. The applicant/participant or family member will have an additional 60 days to provide proof of the Social Security number. If they fail to provide this documentation, the family's assistance will be terminated.

In the case of an individual at least 62 years of age, the SHA may grant an extension for an additional 60 days for a total of 120 days. If, at the end of this time, the elderly individual has not provided documentation, the family's assistance will be terminated. If the family member states they have not been issued a number, the family member will be required to sign a certification to this effect.

Third Party Verification Procedures

Procedures and Methods of Third Party Verification, the lower level verification method imposes a higher burden of compliance of verification to program staff.

Upfront Income Verification (UIV)		Highest level of verification preferred			
Written 3 rd Party	Oral 3 rd Party	Document Review	Tenant Self Declaration	Wages/Salaries	Use of computer systems
High level of verification preferred	Medium level of verification preferred	(Level 2)	(Level 1)	(Level 3)	(Level 4)
(Level 5)	(Level 4)	(Level 3)	(Level 2)	(Level 1)	(Level 5)
Use of computer systems, when available.	matching agreements with a State Wage Information Collection Agency (SWICA) to obtain wage information electronically, by mail or fax or in person.	Agreements with private vendor agencies, such as The Work Number or Choice Point to obtain wage and salary information.	Use of HUD systems, when available.	faxes, or e-mails a verification form directly to the independent sources to obtain wage information.	The Agency may have the tenant sign a Request for Earnings Statement from the SSA to confirm past earnings. The Agency mails the form to SSA and the statement will be sent to the Agency on the Agency form.
				In the event the independent source does not respond to the Agency's written request for information, the Agency will contact the independent source by phone or make an in person visit to obtain the requested information.	When neither form of third party verification can be obtained, the Agency will accept original documents such as consecutive pay stubs (The Agency will review at least three months of pay stubs, if employed by the same employer for three months or more), W-2 forms, etc. from the tenant.
					The Agency will accept a notarized statement or affidavit from the tenant that declares the family's total annual income from earnings.
					Note: The Agency will document in the tenant file, the reason third party verification was not available.
					Note: The Agency will document the tenant file, the Reason that third party verification was not available.

Verification of Employment Income: The Agency must obtain as much information as possible about the employment, to include but not limited to; start date (new employment), termination date (previous employment), pay frequency, pay rate, anticipated pay increases in the next twelve months, year-to-date earnings, bonuses, overtime, company name, address and telephone number, name and position of the person completing the employment verification form.

Effective Date of Employment: The Agency must always confirm start and termination dates of employment.

CHAPTER 8

VOUCHER ISSUANCE AND BRIEFINGS

INTRODUCTION

The SHA's objectives are to assure that families selected to participate are successful in obtaining acceptable housing, and they have sufficient knowledge to derive maximum benefit from the program and to comply with program requirements. When families have been determined eligible, the SHA will conduct a mandatory briefing to ensure that families know how the program works. The briefing will provide a description of owner and family responsibilities, SHA procedures, and how to lease a unit. The family will receive a briefing packet that provides more information about the program. This Chapter describes how briefings will be conducted, the information that will be provided to families, and the policies for how changes in the family composition will be handled.

VOUCHER HOLDER BRIEFINGS

Initial Applicant Briefing

A full HUD-required briefing will be conducted for applicant families who are determined to be eligible for assistance. The briefings will be conducted individually or in groups. Families who attend group briefings and still have the need for individual assistance will be referred to the assigned Housing Assistance Specialist.

The purpose of the briefing is to explain the documents in the Voucher holder's packet to families so that they are fully informed about the program. This will enable them to utilize the program to their advantage, and it will prepare them to discuss it with potential owners and property managers.

The SHA will not issue a Voucher to a family unless the household representative has attended a briefing and signed the Voucher. Applicants who provide prior notice of inability to attend a briefing will automatically be scheduled for the next briefing. Applicants who fail to attend 2 scheduled briefings, without prior notification and approval of the SHA, may be denied admission based on failure to supply information needed for certification. The SHA will conduct individual briefings for families with disabilities, upon request by the family, if required for reasonable accommodation.

Briefing Packet: The documents and information provided in the briefing packets for the Voucher program will comply with all HUD requirements in accordance with 24 CFR 982.301. The family is provided with the following information and materials:

- The term of the Voucher, and the SHA policy for requesting extensions to the term of the Voucher or suspensions of the Voucher.
- A description of the method used to calculate the assistance payment, information on Fair Market Rents, Payment Standards, and utility allowances.
- How the maximum allowable rent is determined.
- The boundaries of the geographical area in which the family may lease a unit including an explanation of portability.
- The HUD lease addendum.

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- The Request for Tenancy Approval and procedure for requesting approval for a unit.
- The HUD brochure on lead-based paint.
- The HUD brochure “A Good Place to Live”
- Information on Federal, State and local equal opportunity laws, the form for reporting suspected discrimination.
- A list of landlords or other parties willing to lease to assisted families and known units available for the size voucher issued.
- If the family includes a person with disabilities, notice that the SHA will provide a list of known available accessible units.
- The Family Obligations under the program.
- The grounds for termination of assistance because of family action or failure to act.
- When the SHA is required to offer an informal hearing, how to request the hearing, and the hearing procedures.
- Any other materials the SHA deems appropriate.

If the family includes a person with disabilities, the SHA will ensure compliance with 24 CFR 8.6 to ensure effective communication. At the briefing, families are encouraged to search for housing in non-impacted areas and the SHA will provide assistance to families who wish to do so. The SHA will maintain lists of available housing submitted by owners in all neighborhoods within its jurisdiction to ensure greater mobility and housing choice to very low-income households. The lists of owner’s units will be mailed on request and provided at briefings.

ASSISTANCE TO FAMILIES WHO CLAIM DISCRIMINATION

In compliance with Section 147 of the National Affordable Housing Act, no owner who has entered into a contract for housing assistance payments under this section on behalf of any tenant in a multifamily building (more than four units) shall refuse to lease any available dwelling unit in any multifamily building owned by the same owner to a Voucher holder solely because of their status as a Voucher holder.

The SHA provides the family with a complaint form and the location of the local Fair Housing office. If HUD Fair Housing makes a finding of discrimination against an owner, the SHA will restrict the owner from future participation. The SHA provides the family with the HUD discrimination complaint form and directs the family to report suspected discrimination to HUD.

SECURITY DEPOSIT REQUIREMENTS

Security deposits charged by owners may not exceed those charged to unassisted tenants (nor the maximum prescribed by State or local law). For lease-in-place families, responsibility for first and last month's rent is not considered a security deposit issue. In these cases, the owner should settle the issue with the tenant prior to the beginning of assistance.

TERM OF VOUCHER

During the briefing session, each household will be issued a Voucher that represents a contractual agreement between the SHA and the Family specifying the rights and responsibilities of each party. It does not constitute admission to the program that occurs when the lease and contract become effective.

Expiration

The Voucher is valid for a period of sixty calendar days from the date of issuance. The family must submit a Request for Tenancy Approval and a Lease within the sixty-day period unless an extension has been granted by the SHA. If the Voucher has expired, and has not been extended by the SHA or expires after an extension, the family will be denied assistance and the family will be removed from the waiting list. The family will not be entitled to a review or hearing. If the family is currently assisted, they may remain as a participant in their unit if there is an assisted lease/contract in effect.

Suspensions

When a Request for Tenancy Approval is received, the SHA will suspend the number of days required to process the request from the 60-day Voucher term.

Extensions

A family may request an extension of the Voucher time period. All requests for extensions must be received prior to the expiration date of the Voucher. The SHA may extend the Voucher in one or more 30-day increments. Unless approved by the Executive Director, no more than two extensions will be granted and never to exceed a total of 120 days. In the case of families who are looking for a unit to provide reasonable accommodation, the Voucher may be extended up to 180 days. If the family does not utilize the Voucher after the final extension, the family will be denied assistance and removed from the waiting list.

Assistance to Voucher Holders

Families who require additional assistance during their search may call the SHA office to request assistance. Voucher holders will be notified at their briefing session that the SHA periodically updates the listing of available units and how the updated list may be obtained. The SHA will assist families with negotiations with owners and provide other assistance related to the family's search for housing on a case-by-case basis.

VOUCHER ISSUANCE DETERMINATION FOR SPLIT HOUSEHOLDS

In those instances when a family assisted under the Section 8 program becomes divided into two otherwise eligible families due to divorce, legal separation, or the division of the family, and the new families cannot agree as to which new family unit should continue to receive the assistance, and there is no determination by a court, the SHA shall consider the following factors to determine which of the families will continue to be assisted:

- Which of the two new family units has custody of dependent children.
- Which family member was the head of household listed on the initial application.
- Whether domestic violence was involved in the breakup.

Documentation of these factors will be the responsibility of the requesting parties. If documentation is not provided, the SHA will terminate assistance on the basis of failure to provide information necessary for a recertification.

REMAINING MEMBER OF FAMILY

To be considered the remaining member of the tenant family, the person must have been previously approved by the SHA to be living in the unit. A live-in attendant, by definition, is not a member of the family and will not be considered a remaining member of the Family.

In order for a minor child to continue to receive assistance as a remaining family member:

1. The court has to have awarded emancipated minor status to the minor, or
2. The SHA has to have verified that social services and/or the Juvenile Court has arranged for another adult to be brought into the assisted unit to care for the children for an indefinite period.

A reduction in family size may require a reduction in the Voucher size.

CHAPTER 9

REQUEST FOR TENANCY APPROVAL AND CONTRACT EXECUTION

INTRODUCTION

After families are issued a Voucher, they may search for a unit anywhere within the jurisdiction of the SHA, or outside of the SHA's jurisdiction if they qualify for portability. The family must find an eligible unit under the program rules, with an owner/landlord who is willing to enter into a Housing Assistance Payments contract with the SHA. This Chapter defines the types of eligible housing, the SHA's policies that pertain to initial inspections, lease requirements, owner disapproval, and the processing of Requests for Tenancy Approvals.

REQUEST FOR TENANCY APPROVAL

The family must submit the form HUD 52517, Request for Tenancy Approval, and a copy of the proposed Lease during the term of the Voucher. The Request for Tenancy Approval (RFTA) must be completed and signed by both the owner and the Voucher holder. The SHA will not permit the family to submit more than one RFTA at a time. SHA will review the documents and determine whether or not to approve.

The Request will be approved if:

- The unit is an eligible type of housing.
- The unit meets HUD's Housing Quality Standards (and any additional criteria as identified in this Administrative Plan).
- The rent is reasonable.
- The proposed lease complies with HUD and SHA requirements and State and Local Law.
- The owner is approvable, and there are no conflicts of interest.

In addition, at the time the family initially receives assistance in a new unit, whether a new admission or a move, if the gross rent exceeds the Payment Standard for the family, the family share of the rent and utilities may not exceed 40 percent of the family's monthly adjusted income.

Disapproval: If the SHA determines that the RFTA cannot be approved for any reason, the landlord and the family will be notified in writing. The SHA will instruct the owner and family of the steps that are necessary to approve the RFTA. The owner will be given five calendar days to submit an approvable RFTA from the date of disapproval. When, for any reason, a RFTA is not approved, the SHA will furnish another form to the family along with the Notice of Disapproval so that the family can continue to search for eligible housing.

ELIGIBLE TYPES OF HOUSING

The SHA will approve any of the following types of housing in the Voucher program:

- All structure types can be utilized.
- Manufactured homes where the tenant leases the mobile home and the pad.

- Independent Group Residences.
- Units owned (but not subsidized) by the SHA following HUD-prescribed requirements.

A family can own a rental unit but cannot reside in it while being assisted, except in the program for manufactured homes when the tenant owns the mobile home and leases the pad. A family may lease in and have an interest in a cooperative housing development.

The SHA may not permit a Voucher holder to lease a unit that is receiving Project-Based Section 8 assistance or any duplicative rental subsidies. SHA will not approve:

- A unit occupied by the owner or by any person with an interest in the unit, other than manufactured homes described above.
- Units owned by relatives
- Nursing homes or other institutions that provide care.
- School dormitories and institutional housing.
- Any other types of housing prohibited by HUD.

The family may not receive Section 8 tenant-based program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the SHA has determined (and has notified the owner and the family in writing of such determination) that approving rental of the unit notwithstanding such relationship would provide reasonable accommodation for a family member who is a person with a disability. The owner and the unit must still meet the other program requirements. Proof of rent payment to the family may be requested. Proof that the owner receives this income may be required (i.e. owner's income tax).

LEASE REVIEW

The SHA will review the lease, particularly noting the approvability of optional charges and compliance with regulations and State/local law. Responsibility for utilities, appliances and optional services must correspond to those provided on the Request for Tenancy Approval.

Owners must submit their own lease and the HUD lease addendum must be attached and executed. House Rules of the owner may be attached to the lease as an addendum, provided they are approved by the SHA to ensure they do not violate any fair housing HUD provisions.

Separate Agreements

Separate agreements are not necessarily illegal side agreements. Families and owners will be advised of the prohibition of illegal side payments for additional rent, or for items normally included in the rent of unassisted families, or for items not shown on the approved lease.

Owners and families may execute separate agreements for services, appliances (other than range and refrigerator) and other items that are not included in the lease if the agreement is in writing and approved by the SHA in advance.

Any appliances, services or other items that are routinely provided to unassisted families as part of the lease (such as air conditioning, dishwasher or garage) or are permanently installed in the unit, cannot be put under separate agreement and must be included in the lease. For there to be a separate agreement, the family must have the option of not utilizing the service, appliance or other item. The SHA is not liable for unpaid charges for items covered by separate agreements and nonpayment of these agreements cannot be cause for eviction.

If the family and owner have come to a written agreement on the amount of allowable charges for a specific item, so long as those charges are reasonable and not a substitute for higher rent, they will be allowed. All agreements for special items or services must be attached to the lease approved by the SHA. If agreements are entered into at a later date, they must be approved by the SHA and attached to the lease.

RENT LIMITATIONS

Rent reasonableness will still be used as a measure of whether the rent is approvable. The SHA will make a determination as to the reasonableness of the proposed rent in relation to comparable units available for lease on the private unassisted market, and the rent charged by the owner for a comparable assisted or unassisted unit in the building or premises.

By accepting each monthly housing assistance payment, the owner certifies that the rent to owner is not more than rent charged for comparable unassisted units on the premises or in the area. The owner is required to provide the PHA with information requested on rents charged by the owner on the premises or elsewhere.

The rent to owner may not be more than the most current reasonable rent as determined by the SHA.

DISAPPROVAL OF PROPOSED RENT

If the gross rent is not reasonable, SHA may negotiate with the owner on behalf of the family to reduce the rent to a reasonable level. If the rent is not affordable because the family share would be more than 40% of the monthly-adjusted income, SHA will negotiate with the owner to reduce the rent to an affordable rent for the family.

If the rent can be reduced and approved, SHA will continue processing the Request for Tenancy Approval and the lease. If the reduced rent involves a change in the utility provider, a new Request for Tenancy Approval must be submitted. If the owner does not agree to a reduced rent, SHA will inform the family and owner that the lease is disapproved.

INFORMATION TO OWNERS

The SHA is required to provide prospective owners with the address of the applicant and the names and addresses of the current and previous landlord if known. The SHA will make an exception to this requirement if the family's whereabouts must be protected due to domestic abuse or witness protection.

The SHA will inform owners that it is the responsibility of the landlord to determine the suitability of prospective tenants. Owners will be encouraged to screen applicants for rent payment history, eviction history, damage to units, and other factors related to the family's suitability as a tenant.

The SHA's policy on providing information to owners is included in the briefing packet and will apply uniformly to all families and owners.

OWNER DISAPPROVAL

For purposes of this section, "Owner" includes a principal or other interested party. The SHA will disapprove the owner for the following reasons:

- HUD or other agency directly related, has informed the SHA that the owner has been disbarred, suspended, or subject to a limited denial of participation under 24CFR part 24.
- HUD has informed the SHA that the federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending.
- HUD has informed the SHA that a court or administrative agency has determined that the owner violated the Fair Housing Act or other federal equal opportunity requirements.
- The owner has violated obligations under a housing assistance payments contract under Section 8 of the 1937 Housing Act (42 U.S.C. 1437f).
- The owner has committed fraud, bribery or any other corrupt act in connection with any federal housing program.
- The owner has engaged in any drug related criminal activity or any violent criminal activity.
- The owner has a history or practice of non-compliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program.
- The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household that:
 1. Threatens the right to peaceful enjoyment of the premises by other residents;
 2. Threatens the health or safety of other residents, or employees of the PHA, or of owner employees or other persons engaged in management of the housing;
 3. Threatens the health or safety of, or right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or
 4. Is involved with drug-related criminal activity or violent criminal activity; or
- The owner has a history or practice of renting units that fail to meet State or local housing codes.
- The owner has not paid State or local real estate taxes, fines or assessments.

CHANGE IN TOTAL TENANT PAYMENT (TTP) PRIOR TO HAP EFFECTIVE DATE

When the family reports changes in factors that will affect the Total Tenant Payment (TTP) prior to the

effective date of the HAP contract, the information will be verified and the TTP will be recalculated. If the family does not report any change, the SHA need not obtain new verifications before signing the HAP Contract, even if verifications are more than 60 days old.

CONTRACT EXECUTION PROCESS

The SHA prepares the Housing Assistance Contract for execution. The family and the owner will execute the Lease agreement, and the owner and the SHA will execute the HAP contract. Copies of the documents will be furnished to the parties who signed the respective documents.

The HAP Contract may not be executed more than 60 days after commencement of the lease term and no payments will be made until the contract is executed. Owners must provide an Employer/Tax Identification Number and/or Social Security Number. The owner must provide a business or home telephone number.

CHANGE IN OWNERSHIP

A change in ownership does not require execution of a new contract. The SHA must receive a written request by the old owner in order to change the HAP payee and/or the address to which payment is to be sent. The request must include a copy of the transfer of title and the Employer/Tax Identification Number or Social Security Number of the new owner.

CHAPTER 10

HOUSING QUALITY STANDARDS AND INSPECTIONS

INTRODUCTION

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. HQS standards are required both at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit.

These minimum Standards may be enhanced by the SHA, provided that by doing so, the SHA does not overly restrict the number of units available for lease under the program. The use of the term "HQS" in this Administrative Plan refers to the combination of both HUD and SHA requirements. This Chapter describes the SHA's procedures for performing HQS and other types of inspections, and standards for the timeliness of repairs. It also explains the responsibilities of the owner and family, and the consequences of non-compliance with HQS requirements for both families and owners.

GUIDELINES FOR INSPECTIONS

Efforts will be made at all times to encourage owners to provide housing above HQS minimum standards. All utilities must be in service when the unit is inspected. There are four types of inspections the SHA will perform:

- Move-in: Conducted upon receipt of Request for Tenancy Approval.
- Annual: Must be conducted within 12 months of the previous annual HQS inspection.
- Special Complaint: At request of owner, family or an agency or third party.
- Quality Control: A quality control inspection will be conducted for at least the minimum units specified by the Section 8 Management Assessment Program (SEMAP).

ACCEPTABILITY, CRITERIA AND EXCEPTIONS TO HQS

The SHA adheres to the acceptability criteria in the program regulations and HUD Inspection Booklet. Additions to HQS requirements that are required by local code:

Windows

All window sashes must be in good condition, solid and intact, and fit properly in the window frame. Window screens are not required but if present they must be in good condition.

Doors

All exterior doors must be weather tight to avoid any air or water infiltration, have no holes, have all trim intact, and have a threshold.

Floors

All wood floors must be sanded to a smooth surface and sealed. Any loose or warped boards must be secured and made level. If they cannot be leveled, they must be replaced. All floors must be in a finished state (no plywood).

Sinks/toilets

- All sinks and commode water lines must have shut off valves.
- All worn or cracked toilet seats and tank lids must be replaced and toilet tank lid must fit properly.

Security/Safety

- If window security bars or security screens are present on emergency exit window, they must be equipped with a quick release system. The owner is responsible for ensuring that the family is instructed on the use of the quick release system.
- All required smoke detectors must be hard-wired. The owner is responsible for initially providing batteries for battery-powered back up units. Tenants will be instructed not to tamper with smoke detectors or remove batteries.

Bedrooms

- A bedroom must have a floor area of not less than seventy (70) square feet.
- Bedrooms in attics are not allowed unless they meet local code requirements and must have adequate ventilation and emergency exit capability.
- Minimum bedroom ceiling height is 7'6" or local code, whichever is greater. Sloping ceilings may not slope to lower than five feet in the 70 square foot area.

Modifications

- Modifications/adaptations to a unit due to a disability must meet all applicable HQS and building codes.

INSPECTIONS

The SHA conducts an inspection in accordance with Housing Quality Standards at least annually. The inspection may or may not be scheduled to coincide with the anniversary month of the HAP contract. Special inspections may be scheduled between annual inspections.

The family must allow the SHA to inspect the unit at reasonable times with reasonable notice. Inspections will be conducted to accommodate the owner/client schedule to the extent practicable. The SHA will notify the family in writing at least 5 days prior to the inspection.

The family is notified of the date and time of the inspection appointment by mail. If the family is unable to be present, they must reschedule the appointment so that the inspection is completed within 10 days of the originally scheduled inspection date.

Termination of Assistance due to failure to allow inspection

If the family misses 2 inspection appointments, the SHA will consider the family to have violated a Family Obligation, and their assistance may be terminated in accordance with the termination procedures.

Time Standards for Repairs

- Emergency items that endanger health or safety must be corrected within 24 hours of notification.
- For non-emergency items, repairs must be made within 30 days.
- For major repairs, the owner must request an extension. The Executive Director may approve an extension beyond 30 days.

EMERGENCY REPAIR ITEMS

The following examples of items are considered an emergency nature and must be corrected by the owner or tenant (whoever is responsible) within 24 hours of notice by the Inspector:

- Waterlogged ceiling in imminent danger of falling
- Major plumbing leaks or flooding
- Gas leak or fumes
- Electrical problem which could result in shock or fire
- Utilities not in service
- Inoperable refrigerator or stove
- Security risk such as broken doors, windows or locks on the first floor that allow intrusion
- Obstacles which prevents entrance or exit
- Lack of a functioning toilet when only one toilet is present in the unit

The SHA may give a short extension of not more than 12 additional hours whenever the responsible party cannot be notified or it is impossible to complete the repair within the 24-hour period. If the emergency repair item(s) are not corrected in the time period required by the SHA, and the owner is responsible, the housing assistance payment will be paid only through the date given to cure the problem. The HAP contract will be terminated effective on that date.

FAILURE BY OWNER TO MEET HQS STANDARDS-(NON-EMERGENCY)

If a unit fails inspection, the landlord will be notified in writing. He/she will have 30 days from the date of the letter to make the required repairs. If a unit fails an annual or special inspection the next HAP payment will be held in escrow. The payment will be released, and the landlord's status reinstated if the work necessary to enable the unit to pass the HQS inspection is completed within 30 days. If the unit fails the reinspection the Housing Contract may be terminated. If the contract terminates, the Housing Authority retains the escrowed payment and no future payments will be made. The landlord will be notified of this termination by first class mail.

An additional 15 day extension may be granted if an appeal is made to the Executive Director. If this additional 15 days is granted no retroactive HAP will be paid to the landlord. Upon the unit passing the third and final inspection, the landlord shall be reinstated into the program. There will be no further extensions offered. A landlord will be allowed this waiver only once in his relationship with the Housing Authority. The SHA may grant an extension in the following cases:

- The owner has a good history of HQS compliance.

- There is an unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services.
- The owner makes a good faith effort to make repairs.
- The repairs must be delayed due to climate conditions.

DETERMINATION OF RESPONSIBILITY

Certain deficiencies are considered the responsibility of the family. These include but are not limited to:

- Tenant-paid utilities not in service.
- Failure to provide or maintain family-supplied appliances.
- Damage to the unit or premises caused by a household member or guest beyond normal wear and tear.

The owner is responsible for all other HQS violations. The owner is responsible for vermin infestation even if caused by the family's living habits. However, if such infestation is serious and repeated, it may be considered a lease violation and the owner may evict for serious or repeated violation of the lease. The SHA may terminate the family's assistance on that basis.

The inspector will make a determination of owner or family responsibility during the inspection. The owner or tenant may appeal this determination to a mediator within 5 days of the inspection.

If non-emergency violations of HQS are determined to be the **responsibility of the family**, the SHA will require the family to make any repair(s) or corrections within 30 days. If the repair(s) or correction(s) are not made in this time period, the SHA will terminate assistance to the family. The Executive Director must approve extensions in these cases. The owner's rent will not be abated for items that are the family's responsibility. If the tenant is responsible and corrections are not made, the HAP Contract will terminate when assistance is terminated.

INITIAL HQS INSPECTION

The Initial Inspection will be conducted to:

- Determine if the unit and property meet HQS.
- Document the current condition of the unit as a basis to evaluate whether the future condition of the unit exceeds normal wear and tear.
- Document the information to be used for determination of rent-reasonableness.

If the unit fails the initial Housing Quality Standards inspection, the owner will be advised to notify the SHA once repairs are completed. On an initial inspection, the owner will be given up to 10 days to correct the items noted as Fail, depending on the amount and complexity of work to be done. The owner will be allowed one reinspection for repair work to be completed. If the time period to correct the repairs has elapsed, or the maximum number of failed reinspections has occurred, the family must select another unit.

ANNUAL HQS INSPECTION

The SHA will conduct an inspection using the Housing Quality Standards and other standards approved in this Administrative Plan at least annually.

SPECIAL/COMPLAINT INSPECTIONS

If at any time the family or owner notifies the SHA that the unit does not meet Housing Quality Standards, the SHA will conduct an inspection. The SHA may also conduct a special inspection based on information from third parties such as neighbors or public officials.

The SHA will inspect only the items that were reported, but if the Inspector notices additional deficiencies that would cause the unit to fail HQS, the responsible party will be required to make the necessary repairs. If the annual inspection is due within 120 days of a special inspection, the special inspection will be categorized as annual and all annual procedures will be followed.

PROCEDURES FOR QUALITY CONTROL INSPECTIONS

Quality Control inspections will be performed by designated SHA staff of the units inspected by each staff member for at least the minimum specified units determined by the Section 8 Management Assessment Program (SEMAP) for this size Housing Authority. The purpose of Quality Control inspections are to ascertain that each inspector is conducting accurate and complete inspections, and to ensure that there is consistency among inspectors in application of the HQS.

CHAPTER 11

RENT TO OWNER, RENT REASONABLENESS AND PAYMENT STANDARDS

INTRODUCTION

SHA is responsible to ensure that the rents charged by owners are reasonable based upon objective comparables in the rental market. When the SHA has determined that the unit meets the minimum HQS, that the lease is approvable, and that the rent is reasonable in accordance with HUD regulations, it will make timely payments to the owner and notify the owner of the procedures for rent adjustments.

Effective October 1, 1999, the Section 8 Certificate and Voucher programs were merged to become the "Housing Choice Voucher Program." All new leases, moves and new admissions effective on or after October 1, 1999, are subject to the regulations governing the Housing Choice Voucher Program.

This Chapter explains the SHA's procedures for determination of rent-reasonableness, payments to owners, adjustments to the Payment Standards, and rent adjustments.

RENT TO OWNER

The rent to owner is limited only by rent reasonableness. The only other limitation on rent to owner is the maximum rent standard at initial occupancy. At the time a family initially receives assistance, whether it is a new admission or a move to a different unit, if the gross rent for the unit exceeds the applicable Payment Standard for the family, the family share may not exceed 40% of the family's monthly adjusted income. During the initial term, the owner may not raise the rent to the family.

The maximum subsidy for each family is determined by the Payment Standard for the Voucher size issued to the family, the Rent to Owner and the TTP. The Voucher size issued to the family is based on the SHA's Subsidy Standards. The Payment Standard for the family is based on the lesser of the Payment Standard for the Voucher size issued and the Rent to Owner. The Housing Assistance Payment to the owner is the lesser of the subsidy described above or the rent charged by the owner.

MAKING PAYMENTS TO OWNERS

Once the HAP Contract is executed, the SHA begins processing payments to the landlord. The effective date and the amount of the SHA payment are contained in the executed copy of the HAP contract. A HAP Register will be used as a basis for monitoring the accuracy and timeliness of payments. Changes are made automatically to the HAP Register for the following month. Checks will only be disbursed on the 1st and the 15th of the month. Exceptions may be made with the approval of the Executive Director in cases of hardship and/or SHA error.

RENT REASONABLENESS DETERMINATIONS

Rent reasonableness determinations are made when units are placed under HAP Contract for the first time, when owners request a rent increase, and if there is a 5 percent reduction in the FMR in effect 60 days prior to the contract anniversary date. SHA will determine and document on a case-by-case basis that the approved rent:

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- Does not exceed rents currently charged on new leases by the same owner for an equivalent assisted or unassisted unit in the same building or complex, and
- Is reasonable in relation to rents currently charged by other owners for comparable units in the unassisted market.

The data for other unassisted units will be gathered from newspapers, Realtors, professional associations, inquiries of owners, market surveys, and other available sources. The market areas for rent reasonableness are neighborhoods within the SHA's jurisdiction. Subject units with a defined housing market area will be compared to similar units within the same area. The following items will be used for rent reasonableness documentation:

Square Footage	Number of Bedrooms
Facilities	Location
Number of Bathrooms	Amenities
Date Built	Unit Type
Maintenance	Services
Utilities	

PAYMENT STANDARDS

The Payment Standard is used to calculate the Housing Assistance Payment. The Payment Standard ~~must~~ *may* be established between 90 percent and 110 percent of the published FMR in accordance with HUD regulations. This is considered the basic range. SHA will approve a higher Payment Standard within the basic range, if necessary, to provide reasonable accommodation for a family that includes a person with disabilities.

ADJUSTMENTS TO PAYMENT STANDARDS

SHA will review the Payment Standard annually to determine whether an adjustment should be made for some or all unit sizes. The Payment Standard will be reviewed according to HUD's requirements and this policy, and if an increase *or decrease* is warranted, the Payment Standard will be adjusted. The SHA will compare the Payment Standards to the rent to owner by unit size.

~~If more than 40% of participating families are paying more than 30% of income for rent for a particular unit size, SHA will determine whether families are renting larger units and/or units that exceed minimum HQS. If families are paying more due to selection of larger or luxury units, SHA may decline to raise the Payment Standard. Otherwise, SHA will raise the Payment Standard *with approval from the SHA's Board of Commissioners* to alleviate the rent burden to participating families.~~

Financial Feasibility

Before increasing the Payment Standard, SHA ~~may~~ *will* review the budget ~~and the project reserve~~, to determine the impact projected subsidy increases would have on funding available for the program and number of families served. For this purpose, the SHA will compare the number of families ~~who~~ *that* could

be served under the financial ability of SHA or availability of funds, a higher Payment Standard with the number assisted under current Payment Standards.

File Documentation

A file will be retained by the SHA for at least three years to document the analysis and findings to justify whether or not the Payment Standard was changed.

RENT ADJUSTMENTS

The SHA will notify owners of their right to request a rent increase at least 90 days in advance of the anniversary date. The approval or disapproval decision regarding the adjustment will be based on a rent reasonableness determination. The adjustment may be an increase or a decrease, but may never result in a contract rent lower than the initial contract rent on the current HAP Contract.

Owners must request the rent adjustment in writing. If the request is not received within 60 days of the lease expiration date the adjustment will not take effect for at least 60 days after receipt.

Disapproval of Requests for Adjustment

If the SHA rejects the owner's request for rent adjustment as exceeding rent reasonableness and the owner rejects the SHA's determination, the owner may offer the tenant a new lease (after receiving the SHA's approval) with a sixty-day notice to the tenant. If the tenant refuses or the owner does not offer a new lease, the owner may institute court action to terminate tenancy for a business or economic reason in accordance with the lease after giving 90 days notice to the SHA, HUD, and the family as required by law.

The SHA will issue a new Voucher to the family. After the tenant has begun searching for a new housing unit and/or after court action has been initiated, the owner may decide to accept the current lease. If the owner and tenant agree, the lease can continue.

If the tenant accepts the offer of a new lease, a Request for Tenancy Approval must be submitted and the requested rent subjected to rent reasonableness. If a new lease is executed, a new Contract must also be executed.

CHAPTER 12 RECERTIFICATIONS

INTRODUCTION

HUD requires that the SHA recertify the income and household composition of all families at least annually. In addition, the SHA is required to inspect the assisted unit at least annually, and to process requests for rent adjustments in the program. This Chapter defines the SHA's policy for conducting annual recertifications and coordinating the two annual activities. It also explains the interim reporting requirements for families, and the standards for timely reporting.

ANNUAL ACTIVITIES

There are two activities the SHA must conduct on an annual basis. These activities will be coordinated whenever possible:

- Recertification of Income and Family Composition
- HQS Inspection

The SHA produces a monthly listing of units under contract to ensure that timely reviews of contract rent, housing quality, and factors related to Total Tenant Payment can be made. Requests for rent adjustments and other monetary changes will be handled by the Section 8 Department.

ANNUAL RECERTIFICATION

Families are required to be recertified at least annually. When families move to another dwelling unit, the anniversary date for the recertification may change. The anniversary date may become the effective date of the new HAP contract. Income limits are not used as a test for continued eligibility at recertification unless the family is moving under portability and changing their form of assistance.

Reexamination

The SHA will maintain a tracking system and the household will be notified by mail of the date and time for their interview 90 to 120 days in advance of the anniversary date. If requested as an accommodation by a person with a disability, the SHA will provide the notice in an accessible format. The SHA will also mail the notice to a third party, if requested as reasonable accommodation for a person with disabilities. These accommodations will be granted upon verification that they meet the need presented by the disability.

Verification of Information

The SHA will follow the verification procedures and guidelines described in this Plan. Verifications for recertification must be less than 120 days old.

Tenant Rent Increases

If the tenant's rent increases, a thirty-day notice is mailed to the family prior to the anniversary date. If less than thirty days are remaining before the anniversary date, the rent increase will be effective on the first of the month following the thirty-day notice.

If there has been a misrepresentation or a material omission by the family, or if the family causes a delay in the reexamination processing, there will be a retroactive increase in rent to the anniversary date.

Tenant Rent Decreases

If rent decreases, it will be effective on the anniversary date. If the family causes a delay so that the processing of the reexamination is not complete by the anniversary date, rent change will be effective on the first day of the month following completion of the reexamination processing by the SHA. Families should notify appropriate SHA staff and present verification not later than the 15th of the month in order to assure that timely processing of the rent change will be in effect by the beginning of the following month.

REPORTING INTERIM CHANGES

HUD requires program participants to report all changes in household composition to the SHA between annual recertifications. This includes additions due to birth, adoption and court-awarded custody. The family must obtain SHA approval prior to all other additions to the household.

The U.S. citizenship/eligible immigrant status of additional family members must be declared and verified as required at the first interim or regular recertification after moving into the unit.

Interim Recertification Policy

The SHA may conduct interim reexaminations when families have an increase in income. The interim will be done if there is an increase in annual income of more than \$500 per year or a decrease in allowable deductions of \$500. The interim will not be done if the participant is within 120 days of his/her anniversary date. Families are required to report all increases in income/assets of any household members to the SHA in writing within 10 days of the increase.

Increases of income for families on zero or unstable income will be processed regardless of how minimal the increase.

Decreases in Income

Participants may report a decrease in income and other changes that would reduce the amount of rent, such as an increase in allowances or deductions. The SHA must calculate the change if a decrease in income is reported.

The SHA will not lower the rent for a family whose welfare payments are reduced because of fraud, the family's failure to participate in economic self-sufficiency program, or failure to comply with work activity requirements. The SHA will verify the circumstances with the Department of Children and Family Services.

Errors

If the SHA makes a calculation error at admission to the program or at an annual recertification, an interim recertification will be conducted to correct the error, but the family will not be charged retroactively.

Other Interim Reporting Issues

An interim reexamination does not affect the date of the annual recertification. An interim reexamination may be schedule for families with zero or unstable income every 60 days. As a reasonable accommodation when requested, the recertification may be processed through the mail.

NOTIFICATION OF RESULTS OF RECERTIFICATIONS

The HUD Form 50058 will be completed and transmitted as required by HUD. The Notice of Rent Change is mailed to the owner and the participants. Signatures are not required by the SHA. If the family disagrees with the rent adjustment they may request an informal hearing.

TIMELY REPORTING OF CHANGES IN INCOME AND ASSETS

Standard for Timely Reporting of Changes

The SHA requires that families report interim changes to the SHA in writing within 10 days of when the change occurs. Any information, document or signature needed from the family to verify the change must be provided within 10 days of the change.

Procedures when the Change is Reported in a Timely Manner

The SHA will notify the family and the owner of any change in the Housing Assistance Payment to be effective according to the following guidelines:

- Increases in the Tenant Rent are effective on the first of the month following at least thirty days' notice.
- Decreases in the Tenant Rent are effective the first of the month following that in which the change occurred. However, no rent reductions will be processed until all the facts have been verified by 3rd party verification.

Procedures when the Change is **not** Reported by the Tenant in a Timely Manner

If the family does not report the change as described under Timely Reporting, the family will have caused an unreasonable delay in the interim processing and the following guidelines will apply:

Increase in Tenant Rent will be effective retroactive to the first day of the month following the occurrence of the change. In calculating retroactive tenant rent any deductions or allowances not on file (not reported in a timely manner) will not be considered. The family will be liable for any overpaid housing assistance and may be required to make a lump sum payment or sign a Repayment

Agreement.

Decrease in Tenant Rent will be effective on the first of the month following completion of processing by the SHA and not retroactively.

"Processed in a timely manner," means that the change goes into effect on the date it should when the family reports the change in a timely manner. If the change cannot be made effective on that date, the change is not processed by the SHA in a timely manner. In this case, an increase will be effective after the required thirty days' notice prior to the first of the month after completion of processing by the SHA. If the change resulted in a decrease, the overpayment by the family will be calculated retroactively to the date it should have been effective, and the family will be credited for the amount.

REPORTING OF CHANGES IN FAMILY COMPOSITION

All changes in family composition must be reported in writing within 10 days of the occurrence.

Increases in Family Size

Increases other than by birth, adoption or court-awarded custody must have the prior approval of the owner and the SHA. If an addition would result in overcrowding according to HQS maximum occupancy standards SHA will issue a larger Voucher (if needed under the Subsidy Standards) for additions to the family in the following cases:

- Addition of an SHA approved live-in attendant.
- Addition due to birth, adoption or court-awarded custody.

If a change due to birth, adoption, court-awarded custody, or need for a live-in attendant requires a larger size unit due to overcrowding; the SHA may determine whether to issue a Voucher based on funding availability.

CONTINUANCE OF ASSISTANCE FOR "MIXED" FAMILIES

Under the Non-Citizens Rule, "Mixed" families are families that include at least one citizen or eligible immigrant and any number of ineligible members. "Mixed" families who were participants on June 19, 1995, shall continue receiving full assistance if they meet the following criteria:

- The head of household or spouse is a U.S. citizens or has eligible immigrant status;
- All members of the family other than the head, the spouse, parents of the head, parents of the spouse, and children of the head or spouse are citizens or eligible immigrants. The family may change the head of household to qualify under this provision.

If they do not qualify for continued assistance, the member(s) that cause the family to be ineligible for continued assistance may move, the family may choose prorated assistance, or the SHA may offer temporary deferral of termination.

CHAPTER 13

MOVES WITH CONTINUED ASSISTANCE & PORTABILITY

INTRODUCTION

HUD regulations permit families to move with continued assistance to another unit within the SHA's jurisdiction, or to a unit outside of the SHA's jurisdiction under portability procedures. The regulations also allow the SHA the discretion to develop policies that define any limitations or restrictions on moves. This Chapter defines the procedures for moves, both within and outside of the SHA's jurisdiction, and the policies for restriction and limitations on moves.

ALLOWABLE MOVES

A family may move to a new unit if:

- The assisted lease for the old unit has terminated because the SHA has terminated the HAP contract for owner breach, or the lease was terminated by mutual agreement of the owner and the family.
- The owner has given the family a notice to vacate, or has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the family (unless assistance to the family will be terminated).
- The family has given proper notice of lease termination (if the family has a right to terminate the lease on notice to owner).

RESTRICTIONS ON MOVES

Families will not be permitted to move within the SHA's jurisdiction during the initial year of assisted occupancy. Families will not be permitted to move outside the SHA's jurisdiction under portability procedures during the initial year of assisted occupancy. Families will not be permitted to move more than once in a 12-month period.

The SHA will deny permission to move if there is insufficient funding for continued assistance. The SHA will deny permission to move if:

- The family has violated a Family Obligation.
- The family owes the SHA money.
- The family has moved or been issued a Voucher within the last twelve months.
- *The receiving PHA refuses to absorb the Voucher after being notified by SHA of insufficient funds to pay in portability.*

PROCEDURES FOR MOVES

If the family has not been recertified within the last 120 days, the SHA will issue a Voucher to move after conducting the recertification. If the family does not locate a new unit, they may remain in the current unit so long as the owner permits. The annual recertification date will be changed to coincide with the new lease-

up date.

It is the family's responsibility to give the owner and the SHA proper written notice of any intent to move. If this is not done their assistance may be terminated. The family must give the owner the required number of days written notice of intent to vacate specified in the lease and must give a copy to the SHA simultaneously.

A move within the same building or project, or between buildings owned by the same owner, will be processed like any other move, except that there will be no overlapping assistance. In a move, assistance stops at the old unit at the end of the month in which the tenant ceased to occupy, unless proper notice was given to end a lease mid-month. Assistance will start on the new unit on the effective date of the lease and contract.

PORTABILITY

Portability applies to families moving out of or into the SHA's jurisdiction within the United States and its territories. Under portability, families are eligible to receive assistance to lease a unit anywhere outside of the initial PHA's jurisdiction.

When a family requests to move outside of the SHA's jurisdiction, the request must specify the area to which the family wants to move. If the family is moving to a unit located in the same State as the initial PHA, in the same MSA, but in a different State, or in an adjacent MSA in a different State, and there is not a PHA in the area where the unit is located, the initial PHA will be responsible for the administration of the family's assistance.

Families will not be permitted to exercise portability during the initial 12-month term, if neither the head nor spouse had a domicile (legal residence) in the SHA's jurisdiction at the date of their initial application for assistance unless the receiving and initial SHA agrees to allow the move. The family will not be permitted to exercise portability if the family is in violation of a family obligation and/or if the family owes money to the SHA.

The SHA will provide pre-portability counseling for those families who express an interest in portability. If the family is utilizing portability for their initial lease-up, the SHA will determine if the family is within the very low-income limit of the receiving PHA. If the receiving PHA will absorb and the family will be changing its form of assistance, the SHA will determine if the family is within the low-income limit of the receiving SHA, and advise the family accordingly.

The SHA will notify the Receiving PHA that the family wishes to relocate into its jurisdiction, and will advise the family how to contact and request assistance from the receiving PHA. The SHA will provide the following documents and information to the Receiving PHA:

- A copy of the family's Voucher, with issue and expiration dates, formally acknowledging the family's ability to move under portability.
- The most recent form HUD 50058 and verifications.
- Declarations and verifications of U.S. citizenship/eligible immigrant status.

The Receiving PHA must notify the SHA within 30 days of the following:

- The Receiving PHA decides to absorb the family into their own program.
- The family leases up or fails to submit a Request for Lease Approval by the required date.
- Assistance to a portable family is terminated by the receiving PHA.
- The family requests to move to an area outside the receiving PHA's jurisdiction.

The SHA will requisition funds from HUD based on the anticipated lease-ups of portable Vouchers in other PHA's jurisdictions. Payments for families in other jurisdictions will be made to other PHA's when billed or in accordance with other HUD approved procedures for payment. When billed, the PHA will reimburse the receiving PHA for 100 percent of the Housing Assistance Payment, and 80 percent of the Administrative Fee (at the initial PHA's rate), and any other HUD-approved fees.

The SHA will be responsible for collecting amounts owed by the family for claims paid and for monitoring the repayment. The SHA will notify the receiving PHA if the family is in arrears or if the family has refused to sign a Repayment Agreement, and the receiving PHA will be asked to terminate assistance to the family as allowed by this Administrative Plan. The receiving PHA will be required to submit hearing determinations to the SHA within 30 days.

The SHA will accept a family with a valid Voucher from another jurisdiction and administer or absorb the Voucher. If administering, the family will be issued a "Portability" Voucher with the same start date. The SHA may grant extensions in accordance with this Administrative Plan. When the receiving PHA does not absorb the incoming Voucher, it will administer the Initial PHA's Voucher and the receiving PHA's policies will prevail.

For initial lease-up, the family must be within the SHA's Very-Low Income limits. The SHA will issue a "Portability Voucher" according to its own Subsidy Standards. If the Family has a change in family composition that would change the Voucher size, the SHA will change to the proper size based on its own Subsidy Standards. The SHA will decide whether to extend the "Portability Voucher" and for what period of time. The SHA's policy on suspensions will apply. However, if the Family decides not to lease-up in the SHA's jurisdiction, the Family must request an extension from the Initial PHA.

As receiving PHA, the SHA will conduct a recertification interview but only verify the information provided if the documents are missing or are over 120 days old, whichever is applicable, or there has been a change in the family's circumstances. If the family's income exceeds the income limit, the family will not be denied assistance unless the family is an applicant and over the Very-Low Income Limit.

When the Family submits a Request for Tenancy Approval, it will be processed using the SHA's policies. If the Family does not submit a Request for Tenancy Approval or does not execute a lease, the Initial PHA will be notified within 30 days.

If the Family leases up successfully, the SHA will notify the Initial PHA within 30 days, and the billing process will commence. If the SHA denies assistance to the family, the SHA will notify the Initial PHA within 15 days and the family will be offered a review or hearing. The SHA will notify the Family of its responsibility to contact the Initial PHA if the Family wishes to move outside the SHA's jurisdiction under continued portability.

The SHA will notify the Initial PHA in writing of any termination of assistance within 30 days of the termination. If an Informal Hearing is required and requested by the Family, the hearing will be conducted by the SHA, using the regular hearing procedures included in this Plan. A copy of the hearing decision will be furnished to the Initial PHA.

The Initial PHA will be responsible for collecting amounts owed by the Family for claims paid and for monitoring repayment. If the Initial PHA notifies the SHA that the Family is in arrears or the Family has refused to sign a Repayment Agreement, the SHA will terminate assistance to the family.

As receiving PHA, the SHA will require the following documents from the Initial PHA:

- A copy of the family's Voucher, with issue and expiration dates, formally acknowledging the family's ability to move under portability.
- The most recent HUD 50058 form and verifications.
- Declarations and verifications of U.S. citizenship/eligible immigrant status.
- Persons designated for inquiries on eligibility and billing.
- The Administrative Fee Schedule for billing purposes.

As receiving PHA, the SHA will bill the Initial PHA monthly for Housing Assistance Payments. The billing cycle for other amounts, including Administrative Fees will be monthly unless requested otherwise by the Initial PHA.

SHA will bill 100% of the Housing Assistance Payment and 80% of the Administrative Fee (at the Initial PHA's rate) and any other HUD-approved fees, for each "Portability" Voucher leased as of the first day of the month.

The SHA will notify the Initial PHA of changes in subsidy amounts and will expect the Initial PHA to notify the SHA of changes in the Administrative Fee amount to be billed.

CHAPTER 14

CONTRACT TERMINATION

INTRODUCTION

The Housing Assistance Payments (HAP) Contract is the contract between the owner and the SHA that defines responsibilities of both parties. This Chapter describes the circumstances under which the contract can be terminated by the SHA and the owner, and the policies and procedures for such terminations.

CONTRACT TERMINATION

The term of the HAP Contract is essentially the same as the term of the lease. The Contract between the owner and the SHA may be terminated by the SHA, or by the owner or tenant terminating the lease. No future subsidy payments on behalf of the family will be made by the SHA to the owner after the month in which the Contract is terminated. The owner must reimburse the SHA for any subsidies paid by the SHA for any period after the contract termination date.

If the family continues to occupy the unit after the Section 8 contract is terminated, the family is responsible for the total amount of rent due to the owner. After a contract termination, if the family meets the criteria for a move with continued assistance, the family may lease-up in another unit. The contract for the new unit may begin during the month in which the family moved from the old unit.

TERMINATION BY THE FAMILY: MOVES

The lease stipulates that the family cannot move from the unit until after the first year of the lease. The notice period to the landlord is determined by the lease, but may not exceed 60 days.

TERMINATION BY THE OWNER: EVICTIONS

If the owner wishes to terminate the lease, the owner is required to evict, using the notice procedures in the HUD regulations and State/local law. The owner must provide the SHA with a copy of the eviction notice.

The owner must provide the tenant a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action. The notice may be included in, or may be combined with, any owner eviction notice to the tenant. The owner eviction notice means a notice to vacate, or a complaint, or other initial pleading used under State or local law to commence an eviction action.

The contract and lease require that the owner may only evict for the following reasons:

- Serious or repeated violation of the terms and conditions of the lease,
- Violation of Federal, State or local law that imposes obligations on the tenant in connection with the occupancy or use of the premises, or
- Other good cause, including: Criminal activity by the tenant, any member of the household, a guest or other person under the tenant's control that threatens the health, safety or right to peaceful enjoyment of the premises by the other residents, or persons residing in the immediate vicinity of the premises, or

- Any drug-related criminal activity on or near the premises; or
- Tenant history of disturbance of neighbors, destruction of property, or behavior resulting in damage to the premises.

Other good cause, after the first year of the lease, includes:

- Business or economic reason for regaining possession of the unit;
- Owner's desire to repossess the unit for personal use;
- Tenant's refusal to accept offer of a new lease.

The eviction notice must specify the cause for the eviction.

Housing assistance payments are paid to the owner under the terms of the HAP Contract. If the owner has begun eviction and the family continues to reside in the unit, the SHA must continue to make housing assistance payments to the owner until the owner has obtained a court judgment or other process allowing the owner to evict the tenant.

If the owner opts out for business or economic reasons, the tenant must be given 90 days notice, with a copy to the SHA. Such reasons include desire to sell the property, renovation of the unit, or desire to obtain a higher rent than the SHA will approve.

If the eviction is not due to a serious or repeated violation of the lease, and if the SHA has no other grounds for termination of assistance, the SHA will issue a new Voucher so that the family can move with continued assistance.

TERMINATION OF THE CONTRACT BY THE HA

The term of the HAP contract terminates when the lease terminates, when the SHA terminates program assistance for the family, and when the owner has breached the HAP contract. Any of the following actions will be considered a breach of contract by the owner:

- The owner has violated any obligation under the HAP contract for the dwelling unit, including the owner's obligation to maintain the unit to HQS standards, including any standards the SHA has adopted in this policy.
- The owner has violated any obligation under any other housing assistance payments contract under Section 8 of the 1937 Housing Act (42 U.S.C. 1437f).
- The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- The owner has engaged in drug activity or other criminal activity.

The SHA may also terminate the contract if:

- The SHA terminates assistance to the family.
- The family is required to move from a unit which is under-occupied overcrowded.
- Funding is no longer available under the ACC.

The contract will terminate automatically if 180 days have passed since the last housing assistance

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payment to owner.

The SHA will provide the owner and family with at least thirty days written notice of termination of the contract.

TERMINATION DUE TO INELIGIBLE IMMIGRATION STATUS

For families who were participants on June 19, 1995, terminations due to the ineligible immigration status of all members of the family, or because a "mixed" family chooses not to accept proration of assistance, may be temporarily deferred for intervals not to exceed six months (up to a maximum of three years) if necessary to permit the family additional time for transition to affordable housing.

The family will be notified in writing at least 60 days in advance of the expiration of the deferred period that termination of assistance will not be deferred because:

1. Granting another deferral will result in an aggregate deferral period of longer than three years, or
2. A determination has been made that other affordable housing is available.

TERMINATION DUE TO OWNER DISAPPROVAL

If the SHA terminates the contract due to owner disapproval, the SHA will provide the owner and family with at least thirty days written notice of termination of the contract.

CHAPTER 15

DENIAL OR TERMINATION OF ASSISTANCE

INTRODUCTION

The SHA may deny or terminate assistance for a family because of the family's action or failure to act. The SHA will provide families with a written description of the Family Obligations under the program, the grounds under which the SHA can deny or terminate assistance, and the SHA's informal hearing procedures. This Chapter describes when the SHA is required to deny or terminate assistance, and the SHA's policies for the denial of a new commitment of assistance and the grounds for termination of assistance under an outstanding HAP contract.

GROUND FOR DENIAL/TERMINATION

If denial or termination is based upon behavior resulting from a disability, the SHA will delay the denial or termination in order to determine if there is an accommodation that would mitigate the behavior resulting from the disability.

Forms of Denial/Termination

Denial of assistance for an applicant may include any or all of the following:

- Denial for placement on the SHA waiting list
- Denying or withdrawing a Voucher
- Refusing to enter into a HAP contract or approve a lease
- Refusing to process or provide assistance under portability procedures

Termination of assistance for a participant may include any or all of the following:

- Refusing to enter into a HAP contract or approve a lease
- Terminating housing assistance payments under an outstanding HAP contract
- Refusing to process or provide assistance under portability procedures

Mandatory Denial and Termination

The PHA must deny assistance to applicants, and terminate assistance for participants if the family is under contract and 180 days have elapsed since the PHA's last housing assistance payment was made. (See "Contract Terminations" chapter.)

The PHA must permanently deny assistance to applicants, and terminate the assistance of persons convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing.

The PHA must deny admission to the program for applicants, and terminate assistance for program participants if the PHA determines that any household member is currently engaging in illegal use of a

drug. See section B of this chapter for the PHA's established standards.

The PHA deny admission to the program for applicants, and terminate assistance for program participants if the PHA determines that it has reasonable cause to believe that a household member's illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents. See Section B of this chapter for the PHA's established standards.

SHA must deny admission to an applicant if the PHA determines that any member of the household is subject to a lifetime registration requirement under a State sex offender registration program. SHA has established standards regarding criminal background investigation and determining whether a member of the household is subject to a lifetime registration requirement under a State sex offender registration program.

The SHA must terminate program assistance for a family evicted from housing assisted under the program for serious violation of the lease.

The SHA must deny admission to the program for an applicant or terminate program assistance for a participant if any member of the family fails to sign and submit consent forms for obtaining information in accordance with 24 CFR Part 5, subparts B and F.

The SHA must deny admission or terminate assistance when required under the regulations to establish citizenship or eligible immigration status.

The SHA may at any time deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following reasons:

- The family violates any family obligation under the program as listed in 24 CFR 982.551.
- Any member of the family has been evicted or terminated from federally assisted (subsidized) housing within the last 3 years for any reason other than drug related or violent criminal activity.
- Any member of the family has been evicted or terminated from federally assisted (subsidized) housing within the last 5 years for drug related or violent criminal activity.
- The family currently owes rent or other amounts to the SHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Housing Act.
- The family has not reimbursed any PHA for amounts paid to an owner under a HAP, damages to the unit, or other amounts owed by the family under the lease.
- The family breaches an agreement with any PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.
- The family has engaged in or threatened abusive or violent behavior toward SHA personnel.

Abusive or violent behavior towards SHA personnel includes verbal as well as physical abuse or violence. Use of expletives that are generally considered insulting, racial epithets, or other language, written or oral, that is customarily used to insult or intimidate, may be cause for termination or denial. Threatening refers to oral or written threats or physical gestures that communicate an intent to abuse or commit violence. Actual physical abuse or violence will always be cause for termination.

FAMILY OBLIGATIONS

The family must supply any information that the SHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status.

- The family must supply any information requested by the SHA or HUD for use in a regularly scheduled reexamination of family income and composition in accordance with HUD requirements.
- The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
- All information supplied by the family must be true and complete.
- The family must allow the SHA to inspect the unit at reasonable times and after reasonable notice.
- The family may not commit any serious or repeated violation of the lease.
- The family must notify the owner and, at the same time, notify the SHA before the family moves out of the unit or terminates the lease on notice to the owner.
- The family must promptly give the SHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the SHA. The family must promptly inform the SHA of the birth, adoption or court-awarded custody of a child. The family must request SHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the SHA if any family member no longer resides in the unit.
- If the SHA has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or SHA approval is denied, the family may not allow a foster child or live-in aide to reside with the assisted family.
- Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit as a residence by members of the family, and comply with all local ordinances.
- The family must not sublease the unit.
- The family must not assign the lease or transfer the unit.
- The family must supply any information or certification requested by the SHA to verify that the family is living in the unit, or relating to family absence from the unit, including any SHA-requested information or certification on the purposes of family absences. The family must cooperate with the SHA for this purpose. The family must promptly notify the SHA of absence from the unit.
- The family must not own or have any interest in the unit.
- The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- The members of the family may not engage in drug-related criminal activity or violent criminal activity.

An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance

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program.

In deciding whether to deny or terminate assistance because of action or failure to act by members of the family, the SHA has discretion to consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or culpability of individual family members, the length of time since the violation occurred and more recent record of compliance, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure to act.

The SHA may impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were culpable for the action or failure will not reside in the unit. The SHA may permit the other members of a family to continue in the program.

Terms

The term "Promptly" when used with the Family Obligations always means "within 10 days."

Denial: Denial or termination of assistance is always optional except where this Plan or the regulations state otherwise.

HQS Breach: The inspector will determine if an HQS breach is the responsibility of the family. Families may be given extensions to cure HQS breaches by the Housing Assistance Director.

Lease Violations: The following criteria will be used to decide if a serious or repeated violation of the lease will cause a termination of assistance.

- If the owner terminates tenancy through court action for serious or repeated violation of the lease.
- If the owner notifies the family of termination of assistance for serious or repeated lease violations, and the family moves from the unit prior to the completion of court action, and the SHA determines that the cause is a serious or repeated violation of the lease based on available evidence.

If the family requests assistance to move and they did not notify the SHA of an eviction within 5 days of receiving the Notice of Lease Termination, the move will be denied.

Proposed additions to the family will be denied to:

- Persons who have been evicted from public housing.
- Persons who have previously violated a family obligation listed in HUD regulations.
- Persons who commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- Persons who currently owe rent or other amounts to the SHA or to another PHA in connection with Section 8 or Public Housing assistance under the 1937 Housing Act.

- Persons who have engaged in or threatened abusive or violent behavior toward SHA personnel.

Family Member moves out:

Families are required to notify the SHA if any family member leaves the assisted household. When the family notifies the SHA, they must furnish the following information:

1. The date the family member moved out.
2. The new address, if known, of the family member.
3. A statement as to whether the family member is temporarily or permanently absent.

Interest in Unit:

The owner may not reside in the assisted unit regardless of whether (s)he is a member of the assisted family, unless the family owns the mobile home and rents the pad under the Program.

Fraud

In each case, the SHA will consider which family members were involved, the circumstances, and any hardship that might be caused to innocent members. In the event of false citizenship claims, the SHA will give the family member the opportunity to elect not to contend their status in lieu of termination of the entire family.

Drug Related and Violent Criminal Activity

Drug-related criminal activity is the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance. Drug-related criminal activity means on or off the premises, not just on or near the premises.

Violent criminal activity includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property, and any Family member is engaging in the activity.

Ineligibility if Evicted for Drug-Related or Violent Criminal Activity

Persons evicted from public housing, Indian housing, Section 23, or terminated from any Section 8 program because of drug-related or violent criminal activity are ineligible for admission to the Section 8 program for a five-year period beginning from the date of such eviction.

Participants may be terminated who have been arrested, convicted or evicted from a unit due to drug related or violent criminal activity within the last five years prior to the date of the notice to terminate assistance, and whose activities have created a disturbance in the building or neighborhood. If the family violates the lease for drug-related or violent criminal activity, the SHA will terminate assistance.

In appropriate cases, the SHA may permit the family to continue receiving assistance providing the family members determined to have engaged in the activities will not reside in the unit. If the violating member is a minor, the SHA may consider individual circumstances with the advice of Juvenile Court officials.

Screening

The SHA will prohibit admitting any person in cases where the SHA determines that there is a reasonable cause to believe that the person is illegally using a controlled substance, or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. This includes cases where the SHA determines that there is a pattern of illegal use of a controlled substance, or pattern of alcohol abuse. The SHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous 12 months.

Confidentiality of Criminal Records

The SHA will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose for which it was requested is accomplished.

Required Evidence

Preponderance of evidence is defined as evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. Credible evidence may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence, can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants. The SHA may pursue fact-finding efforts as needed.

Notice of Termination of Assistance

In any case where the SHA decides to terminate assistance to the family, the SHA must give the family written notice that states:

- The reason(s) for the proposed termination,
- The effective date of the proposed termination,
- The family's right, if they disagree, to request an Informal Hearing to be held before termination of assistance.
- The date by which a request for an informal hearing must be received by the SHA.

The SHA will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The Notice to the owner will not include any details regarding the reason for termination of assistance.

PROCEDURES FOR NON-CITIZENS

Assistance may not be terminated while verification of the participant family's eligible immigration status is pending. Participant families in which all members are neither U.S. citizens nor eligible immigrants must have their assistance terminated. They must be given an opportunity for a hearing.

Ineligible families who were participants as of June 19, 1995, may request a temporary deferral of termination of assistance in order to allow time to locate affordable housing and thereby preserve the family. Temporary deferral of termination of assistance is also available to mixed families who were participants on June 19, 1995, who elect not to accept prorated assistance, and are not eligible for Continued Assistance. The SHA must allow the mixed family time to find housing for ineligible members or for the entire family

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by deferring the termination.

The SHA will grant temporary deferral so long as the family makes reasonable efforts to find affordable housing. Affordable housing is defined as housing that is standard based on HQS and local code, of appropriate size based on HQS and local code and for which the rent plus utilities is not more than 25 percent greater than the SHA calculated Total Tenant Payment.

To determine whether a family is eligible for temporary deferral of termination of assistance, or for a renewal of temporary deferral of termination of assistance, the SHA will calculate Total Tenant Payment plus 25 percent for the family, and compare this amount to the data in its rent reasonableness survey for the unit size. If data indicates that affordable units are not available, the deferral will be renewed.

The initial deferral interval shall be granted on the family's request. Subsequent requests for deferral shall be granted on the basis of the family's statement that they are making efforts to find affordable housing, so long as the supply of affordable housing in the area remains low as determined by comparing 125 percent of Total Tenant Payment to the data in the SHA's Rent Reasonableness System.

The initial temporary deferral is granted for an interval not to exceed six months. Additional deferrals can be made up to a maximum of three years. A notice is sent to the family at the beginning of each deferral period reminding them of their ineligibility for full assistance and their responsibility to seek other housing. The family will be notified in writing sixty days before the end of the three year maximum deferral period that there cannot be another deferral, and will be offered the option of prorated assistance if they are a mixed family and have made a good-faith effort to locate affordable housing.

False or Incomplete Information

When the SHA has clear, concrete, or substantial documentation (such as a permanent resident card or information from another agency) that contradicts the declaration of citizenship made by an applicant or participant, an investigation will be conducted and the individual given an opportunity to present relevant information. If the individual is unable to verify their citizenship, the SHA may give him/her an opportunity to provide a new declaration as an eligible immigrant or to elect not to contend their status. The SHA will then verify eligible status, deny, terminate, or prorate as applicable. The SHA will deny or terminate assistance based on the submission of false information or misrepresentations.

Procedure for Denial or Termination

If the family (or any member) claimed eligible immigrant status and the INS primary and secondary verifications failed to document the status, the family may make an appeal to the INS and request a hearing with the SHA either after the INS appeal or in lieu of the INS appeal.

After the SHA has made a determination of ineligibility, the family will be notified of the determination and the reasons and informed of the option for prorated assistance (if applicable) or, for participants who qualify, for Temporary Deferral of Termination of Assistance.

\$0 ASSISTANCE PARTICIPANTS

As of October 1, 2001, the SHA has no liability for unpaid rent or damages, and the family may remain in the unit at \$0 assistance for up to 180 days after the last HAP payment. If the family is still in the unit after 180 days, the assistance will be terminated. If within the 180-day time frame an owner rent increase or a decrease in the Total Tenant Payment cause the family to be eligible for a housing assistance payment, the SHA will resume assistance payments for the family. In order for a family to move to another unit during the 180 days, the rent for the new unit would have to be high enough to necessitate a housing assistance payment.

OPTION NOT TO TERMINATE FOR MISREPRESENTATION

If the family has misrepresented any facts that caused the SHA to overpay assistance, the SHA may choose not to terminate and may offer to continue assistance provided that the family executes a Repayment Agreement and makes payments in accordance with the agreement, or reimburses the SHA in full.

MISREPRESENTATION IN COLLUSION WITH OWNER

If the family willingly and knowingly commits fraud or is involved in any other illegal scheme with the owner, the SHA will deny or terminate assistance.

MISSED APPOINTMENTS AND DEADLINES

It is a Family Obligation to supply information, documentation, and certification as needed for the SHA to fulfill its responsibilities. The SHA schedules appointments and set deadlines in order to obtain the required information. The Obligations also require that the family allow the SHA to inspect the unit and appointments are made for this purpose.

An applicant or participant who fails to keep an appointment, or to supply information required by a deadline without notifying the SHA may be sent a Notice of Denial or Termination of Assistance for failure to provide required information, or for failure to allow the SHA to inspect the unit. The family will be given information about the requirement to keep appointments, and the number of times appointments will be rescheduled as specified in this Plan.

Appointments will be scheduled and time requirements will be imposed for the following events and circumstances:

- Eligibility for Admissions
- Verification Procedures
- Voucher Issuance and Briefings
- Housing Quality Standards and Inspections
- Recertifications
- Appeals

Acceptable reasons for missing appointments or failing to provide information by deadlines are:

- Medical emergency
- Family emergency

Procedure when Appointments are missed or Information not Provided

For most purposes in this Plan, the family will be given one additional opportunity. The letter will advise failure by the family to attend the second scheduled interview appointment or supply the required information will result in the SHA taking actions to terminate or deny the family's assistance.

CHAPTER 16

OWNER DISAPPROVAL AND RESTRICTION

INTRODUCTION

It is the policy of the SHA to provide owners with prompt and professional service in order to maintain an adequate supply of available housing. The regulations define when the SHA must disallow an owner participation in the program, and they provide the SHA discretion to disapprove or otherwise restrict the participation of owners in certain categories. This Chapter describes the criteria for owner disapproval, and the various penalties for owner violations.

DISAPPROVAL OF OWNER

The SHA will disapprove the owner for the following reasons:

- HUD has informed the SHA that the owner has been disbarred, suspended, or subject to a limited denial of participation under 24 CFR part 24.
- HUD has informed the SHA that the federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending.
- HUD has informed the SHA that a court or administrative agency has determined that the owner violated the Fair Housing Act or other federal equal opportunity requirements.
- The owner has violated obligations under a housing assistance payments contract under Section 8 of the 1937 Housing Act (42 U.S.C. 143F). The owner has committed fraud, bribery or any other corrupt act in connection with any federal housing program.
- The owner has a history or practice of non-compliance with the HQS for units leased under the voucher programs or leased under any other federal housing program. The owner has a history or practice of renting units that fail to meet State or local housing codes, or has not paid State or local real estate taxes, fines or assessments.
- The owner has engaged in drug related criminal activity or any violent criminal activity.
- The owner has a history or practice of non-compliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program.
- The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity engaged in by the tenant, any member of the household, a guest or another person under the control of any member of the household that:

1. Threatens the right to peaceful enjoyment of the premises by other residents;
 2. Threatens the health or safety of other residents, or employees of the PHA, or of owner employees or other persons engaged in management of the housing;
 3. Threatens the health or safety of, or right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or
 4. Is involved with drug-related criminal activity or violent criminal activity; or
- The owner has a history or practice of renting units that fail to meet State or local housing codes.
 - The owner has not paid State or local real estate taxes, fines or assessments.

OWNER RESTRICTIONS AND PENALTIES

If an owner commits fraud or abuse or is guilty of frequent or serious contract violations, the SHA will restrict the owner from future participation in the program for a period of time commensurate with the seriousness of the offense. The SHA may also terminate some or all contracts with the owner. Before imposing any penalty against an owner the SHA will review all relevant factors pertaining to the case, and will consider such factors as the owner's record of compliance and the number of violations.

<u>BREACH</u>	<u>PENALTY</u>
HUD notification of owner debarment/suspension	Termination
HUD notification of fair housing/federal equal opportunity	Termination
Violation of contract obligations	Abatement
Owner fraud, bribery or other corrupt act in Federal Housing	Termination
Owner engaged in drug trafficking	Termination
History of noncompliance with HQS	Termination
History of renting units below code	Termination

OTHER REMEDIES FOR OWNER VIOLATIONS

The SHA will make every effort to recover any overpayments made as a result of landlord fraud or abuse. Payments otherwise due to the owner may be debited in order to repay the SHA or the tenant, as applicable.

CHAPTER 17

OWNER OR FAMILY DEBTS TO THE PHA

INTRODUCTION

This Chapter describes the SHA's policies for the recovery of moneys that have been overpaid for families, and to owners. It describes the methods that will be utilized for collection of moneys and the guidelines for different types of debts. It is the SHA's policy to meet the informational needs of owners and families, and to communicate the program rules in order to avoid owner and family debts. Before a debt is assessed against a family or owner, the file must contain documentation to support the SHA's claim that the debt is owed.

The file must further contain written documentation of the method of calculation, in a clear format for review by the owner, the family or other interested parties. When families or owners owe money to the SHA, the SHA will make very effort to collect it. The SHA will use a variety of collection tools to recover debts including, but not limited to:

- Requests for lump sum payments
- Civil Suits
- Repayment Agreements
- Abatements and reduction of HAP to owners
- Collection agencies
- Credit bureaus

REPAYMENT AGREEMENT FOR FAMILIES

A Repayment Agreement as used in this Plan is a document entered into between the SHA and a person who owes a debt to the SHA. It is similar to a promissory note, but contains more details regarding the nature of the debt, the terms of repayment, any special provisions of the agreement, and the remedies available to the SHA upon default of the agreement. The maximum length of time the SHA will enter into a Repayment Agreement with a family is 12 months.

A payment will be considered to be in arrears if the payment has not been received by the close of the business day on which the payment was due. If the due date is on a weekend or holiday, the due date will be at the close of the next business day.

If the family's Repayment Agreement is in arrears, the SHA will:

- Require the family to pay the balance in full or
- Terminate the housing assistance

If the family requests a move to another unit and has a Repayment Agreement in place for the payment of an owner claim, and the Repayment Agreement is not in arrears the family will be required to pay the balance in full prior to the issuance of a Voucher.

If the family requests a move to another unit and is in arrears on a repayment agreement for the payment of an owner claim, the family will be required to pay the balance in full and then will be permitted to move. There are some circumstances in which the SHA will not enter into a repayment agreement:

- If the family and SHA already have a Repayment Agreement in place, or
- If the SHA determines the family committed program fraud.

Guidelines for Repayment Agreements

Repayment Agreements will be executed between the SHA and the head of household. Monthly payments may be decreased in cases of hardship with the prior notice of the family, verification of the hardship, and the approval of the Housing Director.

DEBTS DUE TO FRAUD/NON-REPORTING OF INFORMATION

HUD's definition of program fraud and abuse is a single act or pattern of actions that constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead, and that results in payment of Section 8 program funds in violation of Section 8 program requirements.

Family Error, Late Reporting, Program Fraud

Families who owe money due to failure to report increases in income or program fraud will be required to repay in accordance with the repayment procedures for program fraud found in this plan.

If a family owes an amount that equals or exceeds \$1,200.00 as a result of program fraud, the case may be referred to the Inspector General. Where appropriate, the SHA will refer the case for criminal prosecution.

The SHA reserve the right at anytime to refer a case to the Inspector General for criminal prosecution.

OWNER DEBTS TO THE PHA

If the SHA determines that the owner has retained Housing Assistance Payments the owner is not entitled to, the SHA may reclaim the amounts from future Housing Assistance Payments owed the owner for any units under contract. If future Housing Assistance Payments are insufficient to reclaim the amounts owed, the SHA will require the owner to pay the amount in full within 30 days. If not paid pursue collections through the local court system and restrict the owner from future participation.

REPAYMENT SCHEDULE FOR MONIES OWED THE HOUSING AUTHORITY

The following schedule will be used, as a guideline to establish a formal repayment agreement for monies owed the SHA. SHA reserves the right to modify this schedule depending on the amount of money owed and family circumstances.

Initial payment Due	Amount Owed	Maximum Term
15%	\$0-\$500	3 to 6 months
15%	\$501-800	6 to 12 months
15%	\$801-1200	12 months

REPORTING TO THE CREDIT BUREAU

All debt owed to the SHA must be paid in full within 30 days of a family’s rental assistance ending. After the 30-day timeframe all debt in excess of \$100 owed to the SHA will be reported to the credit bureau.

CHAPTER 18

COMPLAINTS AND APPEALS

INTRODUCTION

It is the policy of the SHA to ensure that all families have the benefit of all protections due to them under the law. The informal review requirements are applicable to applicants when denied admission to the program, with some exceptions. The informal hearing requirements defined in HUD regulation are applicable to participating families who disagree with an action, decision, or inaction of the SHA. The procedures and requirements are explained for both informal reviews and informal hearings. This Chapter describes the policies, procedures and standards to be used when families disagree with a SHA decision or wish to lodge a complaint.

COMPLAINTS

The SHA will respond promptly to complaints from families, owners, employees, and members of the public. All complaints will be documented. The SHA requires all complaints to be in writing.

Categories of Complaints

- Complaints from families: If a family disagrees with an action or inaction of the SHA or owner, complaints from families will be referred to the Housing Director.
- Complaints from Owners: If an owner disagrees with an action or inaction of the SHA or a family, complaints from owners will be referred initially to the Housing Assistance Specialist assigned to the tenant.
- Complaints from staff: If a staff person reports an owner or family either violating or not complying with program rules the complaints will be referred to the Housing Director.
- Complaints from the general public: Complaints or referrals from persons in the community in regard to the SHA, a family or an owner will be referred to the Housing Specialist.

INFORMAL REVIEW PROCEDURES FOR APPLICANTS

Reviews are provided for ***applicants*** who are denied assistance before the effective date of the HAP Contract. **The exception** is that when an applicant is denied assistance for citizenship or eligible immigrant status, the applicant is entitled to an informal hearing.

When the SHA determines that an applicant is ineligible for the program, the family must be notified of their ineligibility in writing. The notice must contain:

- The reason(s) they are ineligible,
- The procedure for requesting a review if the applicant does not agree with the decision, and
- The time limit for requesting a review.

The SHA must provide ***applicants*** with the opportunity for an Informal Review of decisions denying:

- Listing on the SHA's waiting list
- Issuance of a Voucher
- Participation in the program.

Informal reviews are not required for established policies, procedures and determinations such as:

- Discretionary administrative determinations by the SHA
- General policy issues or class grievances
- A determination of the family unit size under the SHA subsidy standards
- Refusal to extend or suspend a Voucher
- Disapproval of a lease
- Determination that unit is not in compliance with HQS
- Determination that unit is not in accordance with HQS due to family size or composition.

Procedure for Informal Review

A request for an informal review must be received in writing by the close of the business day, no later than 10 business days from the date of the SHA's notification of denial of assistance. The informal review will be scheduled within 10 business days from the date the request is received. The Informal Review may not be conducted by the person who made or approved the decision under review, nor a subordinate of such person. The review may be conducted by:

- A staff person who is at the Housing Program Administrator level or above;
- An individual from outside the SHA

The applicant will be given the option of presenting oral or written objections to the decision. Both the SHA and the family may present evidence and witnesses. The family may use an attorney or other representative to assist them at their own expense.

A Notice of the Review findings will be provided in writing to the applicant within 21 business days after the review. It shall include the decision of the review officer and an explanation of the reasons for the decision. All requests for a review, supporting documentation, and a copy of the final decision will be retained in the family's file.

INFORMAL HEARING PROCEDURES

The SHA will provide a copy of the hearing procedures in the family briefing packet. When the SHA makes a decision regarding the eligibility and/or the amount of assistance, families must be notified in writing. The SHA will give the family prompt notice of such determinations that will include:

- The proposed action or decision of the SHA;
- The date the proposed action or decision will take place;
- The family's right to an explanation of the basis for the SHA's decision.
- The procedures for requesting a hearing if the family disputes the action or decision;

- The time limit for requesting the hearing.

The SHA must provide participants with the opportunity for an informal hearing for decisions related to any of the following SHA determinations:

- Determination of the family's annual or adjusted income and the computation of the housing assistance payment.
- Appropriate utility allowance used from schedule.
- Family unit size determination under SHA subsidy standards.
- Determination that the family is under-occupied in their current unit and a request for exception is denied.
- Determination to terminate assistance for any reason.
- Determinations to terminate a family's FSS Contract, withhold supportive services, or propose forfeiture of the family's escrow account.

The SHA must always provide the opportunity for an informal hearing before termination of assistance.

Informal Hearings are not required for established policies and procedures and determinations such as:

- Discretionary administrative determinations by the SHA.
- General policy issues or class grievances.
- Establishment of the SHA schedule of utility allowances for families in the program.
- A SHA determination not to approve an extension or suspension of a voucher term.
- A SHA determination not to approve a unit or lease.
- A SHA determination that an assisted unit is not in compliance with HQS (SHA must provide hearing for family breach of HQS because that is a family obligation determination).
- A SHA determination that the unit is not in accordance with HQS because of the family size.
- A SHA determination to exercise or not exercise any right or remedy against the owner under a HAP contract.

Notification of Hearing

It is the SHA's objective to resolve disputes at the lowest level possible, and to make every effort to avoid the most severe remedies. However, if this is not possible, the SHA will ensure that program participants (and applicants in the case of denial related to non-citizenship) will receive all of the protections and rights afforded by the law and the regulations. The request for informal hearing must be received by close of the business day, no later than 10 business days from the date of the SHA's notification.

When the SHA receives a request for an informal hearing, a hearing shall be scheduled within 10 business days. The notification of hearing will contain:

- The date and time of the hearing.
- The location where the hearing will be held.
- The family's right to bring evidence, witnesses, legal or other representation at the family's expense.
- The right to view any documents or evidence in the possession of the SHA upon which the SHA based the proposed action and, at the family's expense, to obtain a copy of such documents prior to

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the hearing.

Hearing Appointment Procedure

Families have the right to:

- Present written or oral objections to the SHA's determination.
- Examine the documents in the file that are the basis for the SHA's action, and all documents submitted to the Hearing Officer.
- Copy any relevant documents at their expense.
- Present any information or witnesses pertinent to the issue of the hearing.
- Request that SHA staff be available or present at the hearing to answer questions pertinent to the case, and
- Be represented by legal counsel, advocate, or other designated representative at his or her own expense.

If the family requests copies of documents relevant to the hearing, the SHA will make the copies for the family and assess a charge of \$.15 per copy. In no case will the family be allowed to remove the file from the SHA's office.

If a family ***does not appear*** at a scheduled hearing ***and has not rescheduled*** the hearing in advance the SHA may proceed with the action. However, if the family contacts the SHA within 48 hours, excluding weekends and holidays, SHA may reschedule the hearing ***only if*** the family can show good cause for the failure to appear.

In addition to other rights contained in this Chapter, ***the SHA has a right to:***

- Present evidence and any information pertinent to the issue of the hearing.
- Be notified if the family intends to be represented by legal counsel, advocate, or another party.
- Examine and copy any documents to be used by the family prior to the hearing.
- Have its attorney present, and
- Have staff persons and other witnesses familiar with the case present.

The Informal Hearing shall be conducted by the Hearing Officer appointed by the SHA who is neither the person who made or approved the decision, nor a subordinate of that person. The SHA appoints hearing officers who are Management or Managers from other PHAs or governmental agencies.

The hearing shall concern only issues for which the family has received the opportunity for a hearing. Evidence presented at the hearing may be considered without regard to the rules of evidence applicable to judicial proceedings. No documents may be presented which have not been provided to the other party before the hearing if requested by the other party. "Documents" include records and regulations.

The Hearing Officer may ask the family for additional information and/or might adjourn the Hearing in order to reconvene at a later date, before reaching a decision.

If the family misses an appointment or deadline ordered by the Hearing Officer, the action of the

SHA shall take effect and another hearing will not be granted.

The Hearing Officer will determine whether the action, inaction or decision of the SHA is legal in accordance with HUD regulations and this Administrative Plan based upon the evidence and testimony provided at the hearing. Factual determinations relating to the individual circumstances of the family will be based on a preponderance of the evidence presented at the hearing.

A notice of the Hearing Findings shall be provided in writing to the SHA and the family within 21 business days and shall include:

- A clear summary of the decision and reasons for the decision;
- If the decision involves money owed, the amount owed; and
- The date the decision goes into effect.

The SHA is not bound by hearing decisions:

- Which concern matters in which the SHA is not required to provide an opportunity for a hearing;
- Which conflict with or contradict to HUD regulations or requirements;
- Which exceed the authority of the person conducting the hearing.

The SHA shall send a letter to the participant if it determines the SHA is not bound by the Hearing Officer's determination within 21 business days. The letter shall include the SHA's reasons for the decision. All requests for a hearing, supporting documentation, and a copy of the final decision will be retained in the family's file.

HEARING AND APPEAL PROVISIONS FOR NON-CITIZENS

Assistance to the family may not be delayed, denied or terminated on the basis of immigration status at any time prior to the receipt of the decision on the INS appeal. Assistance to a family may not be terminated or denied while the SHA hearing is pending but assistance to an applicant may be delayed pending the SHA hearing.

INS Determination of Ineligibility

If a family claims to be an eligible immigrant and the INS SAVE system and manual search do not verify the claim, the SHA notifies the applicant or participant within 10 days of their right to appeal to the INS within 30 days or to request an informal hearing with the SHA either in lieu of or subsequent to the INS appeal.

If the family appeals to the INS, they must give the SHA a copy of the appeal and proof of mailing or the SHA may proceed to deny or terminate. The time period to request an appeal may be extended by the SHA for good cause.

The request for a SHA hearing must be made by close of the business day, 10 business days from the date of the notice offering the hearing or, if an appeal was made to the INS, within 10 business days of the date of that notice. After receipt of a request for an informal hearing, the hearing is conducted as described earlier

in this chapter for participants.

If the hearing officer decides that the individual is not eligible, **and there are no other eligible family members** the SHA will:

- Deny the applicant family.
- Defer termination if the family is a participant and qualifies for deferral.
- Terminate the participant if the family does not qualify for deferral.

The family will be notified in writing of the decision of the hearing officer within 21 business days of the date of the informal hearing.

If there are eligible members in the family, the SHA will offer to prorate assistance or give the family the option to remove the ineligible members. All other complaints related to eligible immigrant status:

- If any member fails to provide documentation or certification as required by the regulation, that member is treated as ineligible.
- If all family members fail to provide, the family will be denied or terminated for failure to provide.
- Participants whose termination is carried out after temporary deferral may not request a hearing since they had an opportunity for a hearing prior to the termination.
- Participants whose assistance is pro-rated (either based on their statement that some members are ineligible or due to failure to verify eligible immigration status for some members after exercising their appeal and hearing rights described above) are entitled to a hearing based on the right to a hearing regarding determinations of Tenant Rent and Total Tenant Payment.

Families denied or terminated for fraud in connection with the non citizens rule are entitled to a review or hearing in the same way as terminations for any other type or fraud.

CHAPTER 19

Program Integrity

INTRODUCTION

The SHA is committed to assure that the proper level of benefits is paid to all tenants, and that housing resources reach only income-eligible families so that program integrity can be maintained.

The SHA will take all steps necessary to prevent fraud, waste, and mismanagement so that program resources are utilized judiciously. This Chapter outlines the SHA's policies for the prevention, detection and investigation of program abuse and tenant fraud.

A. CRITERIA FOR INVESTIGATION OF SUSPECTED ABUSE AND/OR FRAUD

Under no circumstances will the SHA undertake an inquiry or an audit of a tenant family arbitrarily. The SHA's expectation is that tenant families will comply with HUD requirements, provisions of the lease, and other program rules. The SHA staff will make every effort (formally and informally) to orient and educate all families in order to avoid unintentional violations. However, the SHA has a responsibility to HUD, to the Community, and to eligible families in need of housing assistance, to monitor tenants' lease obligations for compliance and when indicators of possible abuse come to the SHA's attention, to investigate such claims.

The SHA will initiate an investigation of a tenant family only in the event of one or more of the following circumstances:

- Referrals, Complaints, or Tips. The SHA will follow up on referrals from other agencies, companies or persons that are received by mail, by telephone or in person, which allege that a tenant family is in non-compliance with, or otherwise violating the lease or the program rules. Such follow-up will be made providing that the referral contains at least one item of information that is independently verifiable. A copy of the allegation will be retained in the tenant's file.
- Internal File Review. A follow-up will be made if SHA staff discovers (as a function of a recertification, an interim redetermination, or a quality control review), information or facts that conflict with previous file data, the SHA's knowledge of the family, or is discrepant with statements made by the family.
- Verification or Documentation. A follow-up will be made if the SHA receives independent verification or documentation that conflicts with representations in the tenant file (such as publicrecord information, credit bureau reports or reports from other agencies).

B. STEPS TO PREVENT PROGRAM ABUSE AND FRAUD

The management and occupancy staff will utilize various methods and practices (listed below) to prevent program abuse, non-compliance, and willful violations of program rules by applicants and tenant families. This policy objective is to establish confidence and trust in the management by emphasizing education as the primary means to obtain compliance by tenant families.

- Things You Should Know. This program integrity bulletin (created by HUD's Inspector General) will be furnished and explained to all applicants to promote understanding of program rules, and to clarify the SHA's expectations for cooperation and compliance.

- Program Orientation Session. Mandatory orientation sessions will be conducted by the Section 8 staff for all prospective participants either prior to or upon execution of the lease. At the conclusion of all Program Orientation Sessions, the family representative will be required to sign a "Program Briefing Checklist" to confirm that all rules and pertinent regulations were explained to them.
- Resident Counseling. The SHA will routinely provide tenant counseling as a part of every recertification interview in order to clarify any confusion pertaining to program rules and requirements.
- Review and explanation of Forms. Staff will explain all required forms and review the contents of all recertification documents prior to signature.
- Use of Instructive Signs and Warnings. Instructive signs will be conspicuously posted in common areas and interview areas to reinforce compliance with program rules and to warn about penalties for fraud and abuse
- Participant Certification. All family representatives will be required to sign a "Tenant Certification" form as contained in HUD's Tenant Integrity Program Manual.

C. STEPS TO DETECT PROGRAM ABUSE AND FRAUD

The SHA Staff will maintain a high level of awareness to indicators of possible abuse and fraud by assisted families. The following activities will be utilized:

- Quality Control File Reviews. Prior to initial certification, and at the completion of all subsequent recertifications, each tenant file will be reviewed. Such reviews shall include, but are not limited to:
 - Changes in reported Social Security Numbers or dates of birth.
 - Authenticity of file Documents.
 - Ratio between reported income and expenditures.
 - Review of signatures for consistency with previously signed file documents.
- Observation. The SHA staff will maintain high awareness of circumstances that may indicate program abuse or fraud, such as unauthorized persons residing in the household and unreported income.
- Management and Staff may review public Record Bulletins.
- State Wage Data Record Keepers. Inquiries to State Wage and Employment record keeping agencies as authorized under Public Law 100-628, the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, may be made annually in order to detect unreported wages or unemployment compensation benefits
- Credit Bureau Inquiries. Credit Bureau inquiries may be made (with proper authorization by the tenant) in the following circumstances:
 - At the time of final eligibility determination; or
 - When an allegation is received by the SHA wherein unreported income sources are disclosed; or
 - When a tenant's expenditures exceed his /her reported income and no plausible explanation is given.

D. ALLEGATIONS OF POSSIBLE ABUSE AND FRAUD

The SHA staff will encourage all participant families to report suspected abuse to his/her case manager. All such referrals, as well as referrals from community members and other agencies, will be thoroughly documented and placed in the participant file. All allegations, complaints and tips will be carefully evaluated in order to determine if they warrant follow-up. The SHA staff will not follow up on allegations that are vague or otherwise non-specific. Staff will only review allegations that contain one or more independently verifiable facts.

- File Review. An internal file review will be conducted to determine:
 - If the subject of the allegation is a tenant of the SHA and, if so, to determine whether or not the family has previously disclosed the information reported.
 - It will then be determined if the SHA is the most appropriate authority to do a follow-up. Any file documentation of past behavior as well as corroborating complaints will be evaluated.
- Conclusion of Preliminary Review. If at the conclusion of the preliminary file review there is/are fact(s) contained in the allegation which conflict with file data, and the fact(s) are independently verifiable, the case manager will initiate an investigation to determine if the allegation is true or false.

E. INVESTIGATING ALLEGATIONS OF ABUSE AND FRAUD

If the SHA determines that an allegation or referral warrants follow-up, either the staff person who is responsible for the file or a person designated by the Director to monitor the program compliance will conduct the investigation. The steps taken will depend upon the nature of the allegation and may include, but are not limited to, the items listed below. In all cases, the SHA will secure the written authorization from the program participant for the release of information.

Credit Bureau Inquiries. In cases involving previously unreported income sources, a CBI inquiry may be made to determine if there is financial activity that conflicts with the reported income of the family.

Verification of Credit. In cases where financial activity conflicts with file data, a Verification of Credit form may be mailed to the creditor in order to determine the unreported income source.

Employers and Ex-Employers. Employers or ex-employers may be contacted to verify wages that may have been previously undisclosed or misreported.

Neighbors/Witnesses. Neighbors and/or other witnesses may be interviewed who are believed to have direct or indirect knowledge of facts pertaining to the SHA's review.

Other Agencies. Investigators, caseworkers or representatives of other benefit agencies may be contacted.

Public Records. If relevant, the SHA will review public records kept in any jurisdictional courthouse. Examples of public records which may be checked are: real estate, marriage, divorce, uniform commercial code financing statements, voter registration, judgments, court or police records, state wage records, utility records and postal records.

Interviews with Head of Household or Family Members. The SHA will discuss the allegation (or details thereof) with the Head of Household or family member by scheduling an appointment at the appropriate SHA office. The SHA Staff person who conducts such interviews will maintain a high standard of courtesy and professionalism. Under no circumstances will the management tolerate inflammatory language, accusation, or any unprofessional conduct or language. If possible, an additional staff person will attend such interviews.

F. PLACEMENT OF DOCUMENTS, EVIDENCE AND STATEMENTS OBTAINED

Documents and other evidence obtained by the SHA during the course of an investigation will be considered "work product" and will either be kept in the participant file, or in a separate "work file." In either case, the tenant file or work file shall be kept in a locked file cabinet. Such cases under review will not be discussed among staff unless they are involved in the process, or have information that may assist in the investigation.

G. CONCLUSION OF THE INVESTIGATIVE REVIEW

At the conclusion of the investigative review, the reviewer will report the findings to the Program Director. It will then be determined whether a violation has occurred, a violation has not occurred, or if the facts are inconclusive.

H. EVALUATION OF THE FINDINGS

If it is determined that a program violation has occurred, the SHA will review the facts to determine:

- The type of violation. (Procedural, non-compliance, fraud.)
- Whether the violation was intentional or unintentional.
- What amount of money (if any) is owed by the participant?
- Is the family eligible for continued assistance?

I. ACTION PROCEDURES FOR DOCUMENTED VIOLATIONS

Once a program violation has been documented, the SHA will propose the most appropriate remedy based upon the type and severity of the violation.

Procedural Non-compliance

This category applies when the participant "fails to" observe a procedure or requirement of the SHA, but does not misrepresent a material fact, and there is no retroactive rent owed by the family.

Examples of non-compliance violations are:

- Failure to appear at a pre-scheduled appointment.
- Failure to return verification in time period specified by the SHA.

Warning Notice to the Family. In such cases a notice will be sent to the family that contains the following:

- A description of the non-compliance and the procedure, policy or obligation that was violated.
- The date by which the violation must be corrected, or the procedure complied with.
- The action that will be taken if the procedure or obligation is not complied with by the date specified.
- The consequences of repeated (similar) violations.

Procedural Non-compliance - Retroactive Rent

When the participant owes money to the SHA for failure to report changes in income or assets, the SHA will issue a Notification of Overpayment. This Notice will contain the following:

- A description of the violation and the date(s).
- Any amounts owed to the SHA.
- A seven-day response period.
- The right to disagree and to request an informal hearing with instructions for the request of such hearing.

Participant Fails to Comply with SHA's Notice. If the participant fails to comply with the SHA's notice, the SHA will initiate termination of assistance.

Participant Complies with SHA's Notice. When the participant complies with the SHA's notice, the staff person responsible will meet with him/her to discuss and explain the obligation or provision that was violated. The staff person will complete a Report, give one copy to the family and retain a copy in the participant file.

Intentional Misrepresentations

When a participant falsifies, misstates, omits or otherwise misrepresents a material fact which results (or would have resulted) in an overpayment of housing assistance on behalf of the participant, the SHA will evaluate whether or not:

- the participant had knowledge that his/her actions were wrong, and
- that the participant willfully violated the lease or the law.

Knowledge that the action or inaction was wrong. This will be evaluated by determining if the participant was made aware of program requirements and prohibitions. The participant's signature on various certifications, briefing materials, Personal Declaration and Important Notice are adequate to establish knowledge of wrongdoing.

The participant willfully violated the law. Any of the following circumstances will be considered adequate to demonstrate willful intent:

- An admission of the misrepresentation.
- That the act was done repeatedly.
- If a false name or Social Security Number was used.

- If there were admissions to others of the illegal action or omission.
- That the omitted material facts that were known to them (e.g., employment of self or other household member).
- That the participant falsified, forged or altered documents.
- That the Participant uttered and certified to statements at a rent (re)determination that were later independently verified to be false.

Conference for Serious Violations and Misrepresentations

When the SHA has established that material misrepresentation(s) have occurred, a conference will be scheduled with the family representative and the SHA staff person who is most knowledgeable about the circumstances of the case.

This conference will take place prior to any proposed action. The purpose of such conference is to review the information and evidence obtained by the SHA with the family and to provide an opportunity to explain any document findings which conflict with representations in the file. The SHA will take any documents or mitigating circumstances presented by the family into consideration. The family will be given seven days to furnish any mitigating evidence.

A secondary purpose of the Conference is to assist the SHA in determining the course of action most appropriate for the case. Prior to the final determination of the proposed action, the SHA will consider:

- The duration of the violation and number of false statements.
- The tenant's ability to understand the rules.
- The tenant's willingness to cooperate, and to accept responsibility for his/her actions.
- The amount of money involved.
- The tenant's past history
- Whether or not criminal intent has been established.
- The number of false statements.

Dispositions of Cases Involving Misrepresentations

In all cases of misrepresentations involving efforts to recover monies owed, the SHA may pursue, depending upon its evaluation of the criteria stated above, one or more of the following actions:

Criminal Prosecution: If the SHA has established criminal intent, and the case meets the criteria for prosecution, the SHA may:

- Refer the case to the local State or District Attorney, notify HUD's Inspector General for Investigation, and terminate rental assistance.

Administrative Remedies: The SHA may:

- Terminate assistance;
- Execute an administrative repayment agreement in accordance with the SHA's Repayment Policy;
- Pursue restitution through civil litigation if participant refuses to execute or fails to comply with the administrative repayment agreement.

Notification to Participant of Proposed Action

The SHA will notify the participant of the proposed action no later than 10 business days after the conference by certified mail.

CHAPTER 20

DEFINITIONS - ACRONYMS

1937 ACT. The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.)

ADMINISTRATIVE PLAN. The HUD required written policy of the PHA governing its administration of the Section 8 tenant-based programs. The Administrative Plan and any revisions must be approved by the PHA's board and a copy submitted to HUD as a supporting document to the PHA Plan.

ABSORPTION. In portability, the point at which a receiving PHA stops billing the initial PHA for assistance on behalf of a portability family. The receiving PHA uses funds available under the receiving PHA consolidated ACC.

ACC RESERVE ACCOUNT (FORMERLY "PROJECT RESERVE"). Account established by HUD from amounts by which the maximum payment to the PHA under the consolidated ACC (during a PHA fiscal year) exceeds the amount actually approved and paid. This account is used as the source of additional payments for the program.

ADA. Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.)

ADJUSTED INCOME. Annual income, less allowable HUD deductions.

ADMINISTRATIVE FEE. Fee paid by HUD to the PHA for administration of the program.

ADMINISTRATIVE FEE RESERVE (Formerly "Operating reserve"). Account established by PHA from excess administrative fee income. The administrative fee reserve must be used for housing purposes.

ADMISSION. The effective date of the first HAP contract for a family (first day of initial lease term) in a tenant-based program. This is the point when the family becomes a participant in the program.

ANNUAL BUDGET AUTHORITY. The maximum annual payment by HUD to a PHA for a funding increment.

ANNUAL CONTRIBUTIONS CONTRACT (ACC). A written contract between HUD and a PHA. Under the contract HUD agrees to provide funding for operation of the program, and the PHA agrees to comply with HUD requirements for the program

ANNUAL INCOME. The anticipated total Annual Income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulations.

ANNUAL INCOME AFTER ALLOWANCES. The Annual Income (described above) less the HUD-approved allowances.

APPLICANT. (or applicant family). A family that has applied for admission to a program, but is not yet a participant in the program.

"AS-PAID" STATES. States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs.

ASSETS. (See Net Family Assets.)

ASSISTED TENANT. A tenant who pays less than the market rent as defined in the regulations. Includes tenants receiving rent supplement, Rental Assistance Payments, or Section 8 assistance and all other 236 and 221 (d)(3) BMIR tenants, except those paying the 236 market rent or 120% of the BMIR rent, respectively.

CHAPTER 20 DEFINITIONS - ACRONYMS

BUDGET AUTHORITY. An amount authorized and appropriated by the Congress for payment to PHAs under the program. For each funding increment in a PHA program, budget authority is the maximum amount that may be paid by HUD to the PHA over the ACC term of the funding increment.

CERTIFICATE. A Certificate issued by the PHA under the Section 8 pre-merger certificate program, declaring a family to be eligible for participation in this program and stating the terms and conditions for such participation. Will no longer be issued after October 1, 1999.

CERTIFICATE PROGRAM. Pre-merger rental certificate program.

CHILD. A member of the family other than the family head or spouse who is under 18 years of age.

CHILD CARE EXPENSES. Amounts paid by the family for the care of minors under 13 years of age where such care is necessary to enable a family member to be employed or for a household member to further his/her education.

CITIZEN. A citizen or national of the United States.

CO-HEAD. An individual in the household who is equally responsible for the lease with the Head of Household. (A family never has a Co-head and a Spouse and; a Co-head is never a Dependent).

COMMON SPACE. In shared housing: Space available for use by the assisted family and other occupants of the unit.

CONGREGATE HOUSING. Housing for elderly persons or persons with disabilities that meets the HQS for congregate housing.

COOPERATIVE. A dwelling unit owned and or shared by a group of individuals who have individual sleeping quarters and share common facilities such as kitchen, living room and some bathrooms.

CONSOLIDATED ANNUAL CONTRIBUTIONS CONTRACT. (Consolidated ACC). See 24 CFR 982.151.

CONTIGUOUS MSA. In portability, an MSA that shares a common boundary with the MSA in which the jurisdiction of the initial PHA is located.

CONTINUOUSLY ASSISTED. An applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the voucher program.

CONTRACT. (See Housing Assistance Payments Contract.)

COOPERATIVE. (term includes mutual housing). Housing owned by a nonprofit corporation or association, and where a member of the corporation or association has the right to reside in a particular apartment, and to participate in management of the housing. A special housing type: See 24 CFR 982.619.

COVERED FAMILIES. Statutory term for families who are required to participate in a welfare agency economic self-sufficiency program and who may be subject to a welfare benefit sanction for noncompliance with this obligation. Includes families who receive welfare assistance or other public assistance under a program for which Federal, State or local law requires that a member of the family must participate in an economic self-sufficiency program as a condition for the assistance.

CHAPTER 20 DEFINITIONS - ACRONYMS

DEPENDENT. A member of the family household (excluding foster children) other than the family head or spouse, who is under 18 years of age or is a Disabled Person or Handicapped Person, or is a full-time student 18 years of age or over.

DISABILITY ASSISTANCE EXPENSE. Anticipated costs for care attendants and auxiliary apparatus for disabled family members that enable a family member (including the disabled family member) to work.

DISABLED FAMILY. A family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

DISABLED PERSON. See Person with Disabilities.

DISPLACED PERSON/FAMILY. A person or family displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.

DOMICILE. The legal residence of the household head or spouse as determined in accordance with State and local law.

DRUG-RELATED CRIMINAL ACTIVITY. The illegal manufacture, sale, distribution, use, or the possession with intent to manufacture, sell distribute or use, of a controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802).

DRUG TRAFFICKING. The illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute or use, of a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).

ECONOMIC SELF-SUFFICIENCY PROGRAM. Any program designed to encourage, assist, train or facilitate the economic independence of assisted families, or to provide work for such families. Can include job training, employment counseling, work placement, basic skills training, education, English proficiency, Workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as treatment for drug abuse or mental health treatment). Includes any work activities as defined in the Social Security Act (42 U.S.C. 607(d)). Also see 24 CFR 5.603 (c).

ELDERLY FAMILY. A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

ELDERLY HOUSEHOLD. A family whose head or spouse or whose sole member is at least 62 years of age; may include two or more elderly persons living together or one or more such persons living with another person who is determined to be essential to his/her care and well-being.

ELDERLY PERSON. A person who is at least 62 years old.

ELIGIBILITY INCOME. May 10, 1984, regulations deleted Eligibility Income, per se, because Annual Income is now for eligibility determination to compare to income limits.

ELIGIBLE FAMILY (Family). A family is defined by the PHA in the administrative Plan, which is approved by HUD.

CHAPTER 20

DEFINITIONS - ACRONYMS

EVIDENCE OF CITIZENSHIP OR ELIGIBLE STATUS. The documents that must be submitted to evidence citizenship or eligible immigration status.

EXCEPTIONAL MEDICAL OR OTHER EXPENSES. Prior to the regulation change in 1982, this meant medical and/or unusual expenses as defined in Part 889, which exceeded 25% of the Annual Income. It is no longer used.

EXCEPTION RENT. In the pre-merger certificate program, an initial rent (contract rent plus any utility allowance) in excess of the published FMR. See FMR/Exception rent.

EXCESS MEDICAL EXPENSES. Any medical expenses incurred by elderly or disabled families only in excess of 3% of Annual Income which are not reimbursable from any other source.

EXTREMELY LOW-INCOME FAMILY. A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 30% of medical income for an if HUD finds such variations are necessary due to unusually high or low family incomes.

FAIR HOUSING ACT. Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.)

FAIR MARKET RENT (FMR). The rent including the cost of utilities (except telephone) that would be required to be paid in the housing market area to obtain privately owned existing decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. Fair market rents for existing housing are established by HUD for housing units of varying sizes (number of bedrooms) and are published in the *Federal Register*.

FAMILY. "Family" includes but is not limited to:

A family with or without children (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);

An elderly family; a near-elderly family; a displaced family; the remaining member of a tenant family; and a single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

("Family" can be further defined by the PHA).

FAMILY OF VETERAN OR SERVICE PERSON. A family is a "family of veteran or service person" when:

The veteran or service person (a) is either the head of household or is related to the head of the household; or (b) is deceased and was related to the head of the household, and was a family member at the time of death.

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The veteran or service person, unless deceased, is living with the family or is only temporarily absent unless s/he was (a) formerly the head of the household and is permanently absent because of hospitalization, separation, or desertion, or is divorced; provided, the family contains one or more persons for whose support s/he is legally responsible and the spouse has not remarried; or (b) not the head of the household but is permanently hospitalized; provided, that s/he was a family member at the time of hospitalization and there remain in the family at least two related persons.

FAMILY RENT TO OWNER. In the voucher program, the portion of the rent to owner paid by the family.

FAMILY SELF-SUFFICIENCY PROGRAM (FSS PROGRAM). The program established by a PHA to promote self-sufficiency of assisted families, including the provision of supportive services.

FAMILY SHARE. The amount calculated by subtracting the housing assistance payment from the gross rent.

FAMILY UNIT SIZE. The appropriate number of bedrooms for a family, as determined by the PHA under the PHA's subsidy standards.

FMR/EXCEPTION RENT. The fair market rent published by HUD headquarters. In the pre-merger certificate program the initial contract rent for a dwelling unit plus any utility allowance could not exceed the FMR/exception rent limit (for the dwelling unit or for the family unit size). In the voucher program the PHA adopts a payment standard schedule that is within 90% to 110% of the FMR for each bedroom size.

FOSTER CHILD CARE PAYMENT. Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children.

FULL TIME STUDENT. A person who is attending school or vocational training on a full-time basis (carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended).

FUNDING INCREMENT. Each commitment of budget authority by HUD to a PHA under the consolidated annual contributions contract for the PHA program.

GROSS FAMILY CONTRIBUTION. Changed to Total Tenant Payment.

GROSS RENT. The sum of the Rent to Owner and the utility allowance. If there is no utility allowance, Rent to Owner equals Gross Rent.

GROUP HOME. A dwelling unit that is licensed by a State as a group home for the exclusive residential use of two to twelve persons who are elderly or persons with disabilities (including any live-in aide).

HAP CONTRACT. (See Housing Assistance Payments contract.)

HEAD OF HOUSEHOLD. The adult member of the family who is the head of the household for purpose of determining income eligibility and rent. The head of household is the person who assumes legal and financial responsibility for the household and is listed on the application as head.

HOUSING AGENCY. A state, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) authorized to engage in or assist in the development or operation of low-income housing. ("PHA" and "PHA" mean the same thing.)

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HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974. Act in which the U.S. Housing Act of 1937 (sometimes referred to as the Act) was recodified, and which added the Section 8 Programs.

HOUSING ASSISTANCE PAYMENT. The monthly assistance payment by a PHA. The total assistance payment consists of a payment to the owner for rent to owner under the family's lease and an additional payment to the family if the total assistance payment exceeds the rent to owner. The additional payment is called a "utility reimbursement".

HOUSING ASSISTANCE PAYMENTS CONTRACT. (HAP contract). A written contract between a PHA and an owner in the form prescribed by HUD headquarters, in which the PHA agrees to make housing assistance payments to the owner on behalf of an eligible family.

HOUSING ASSISTANCE PLAN. (1) A Housing Assistance Plan submitted by a local government participating in the Community Development Block Program as part of the block grant application, in accordance with the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD. (2) A Housing Assistance Plan meeting the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD.

HOUSING QUALITY STANDARDS (HQS). The HUD minimum quality standards for housing assisted under the tenant-based programs.

HUD. The Department of Housing and Urban Development.

HUD REQUIREMENTS. HUD requirements for the Section 8 programs. HUD requirements are issued by HUD headquarters as regulations. Federal Register notices or other binding program directives.

IMPUTED ASSET. Asset disposed of for less than Fair Market Value during two years preceding examination or reexamination.

IMPUTED INCOME. HUD passbook rate x total cash value of assets. Calculation used when assets exceed \$5,000.

IMPUTED WELFARE INCOME. An amount of annual income that is not actually received by a family as a result of a specified welfare benefit reduction, but is included in the family's annual income and therefore reflected in the family's rental contribution.

INCOME. Income from all sources of each member of the household as determined in accordance with criteria established by HUD.

INCOME FOR ELIGIBILITY. Annual Income.

INDIAN. Any person recognized as an Indian or Alaska native by an Indian tribe, the federal government, or any State.

INDIAN HOUSING AUTHORITY (IHA). A housing agency established either by exercise of the power of self-government of an Indian Tribe, independent of State law, or by operation of State law providing specifically for housing authorities for Indians.

INITIAL PHA. In portability, the term refers to both a PHA that originally selected a family that later decides to move out of the jurisdiction of the selecting PHA; and a PHA that absorbed a family that later decides to move out of the jurisdiction of the absorbing PHA.

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INITIAL PAYMENT STANDARD. The payment standard at the beginning of the HAP contract term.

INITIAL RENT TO OWNER. The rent to owner at the beginning of the HAP contract term.

INS. The U.S. Immigration and Naturalization Service.

INTEREST REDUCTION SUBSIDIES. The monthly payments or discounts made by HUD to reduce the debt service payments and, hence, required rents on Section 236 and 221 (d)(3) BMIR projects. Includes interest reduction payments made to mortgagees of Section 236 projects and front-end loan discounts paid on BMIR projects.

JURISDICTION. The area in which the PHA has authority under State and local law to administer the program.

LANDLORD. This term means either the owner of the property or his/her representative or the managing agent or his/her representative, as shall be designated by the owner.

LARGE VERY LOW INCOME FAMILY. Prior to the 1982 regulations, this meant a very low-income family that included six or more minors. This term is no longer used.

LEASE. A written agreement between an owner and a tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the PHA. In cooperative housing, a written agreement between a cooperative and a member of the cooperative. The agreement establishes the conditions for occupancy of the member's family with housing assistance payments to the cooperative under a HAP contract between the cooperative and the PHA.

LEASE ADDENDUM. For pre-merger Certificate, pre-merger OFTO, and pre-merger Voucher tenancies, the lease language required by HUD in the lease between the tenant and the owner.

LIVE-IN AIDE. A person who resides with an elderly person or disabled person and who is determined to be essential to the care and well-being of the person, is not obligated for the support of the person, and would not be living in the unit except to provide necessary supportive services.

LOCAL PREFERENCE. A preference used by the PHA to select among applicant families.

LOW-INCOME FAMILY. A family whose annual income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 80% for areas with unusually high or low-income families.

MANUFACTURED HOME. A manufactured structure that is built on a permanent chassis, is designed for use as a principal place of residence, and meets the HQS. A special housing type. See 24 CFR 982.620 and 982.621.

MANUFACTURED HOME SPACE. In manufactured home space rental: A space leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space. See 24 CFR 982.622 to 982.624

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MARKET RENT. The rent HUD authorizes the owner of FHA insured/subsidized multi-family housing to collect from families ineligible for assistance. For unsubsidized units in an FHA-insured multi-family project in which a portion of the total units receive project-based rental assistance, under the Rental Supplement or Section 202/Section 8 Programs, the Market Rate Rent is that rent approved by HUD and is the Contract Rent for a Section 8 Certificate holder. For BMIR units, Market Rent varies by whether the project is a rental or cooperative.

MEDICAL EXPENSES. Those total medical expenses, including medical insurance premiums that are anticipated during the period for which Annual Income is computed, and that are not covered by insurance. (A deduction for elderly or disabled families only.) These allowances are given when calculating adjusted income for medical expenses in excess of 3% of Annual Income.

MERGER DATE. October 1, 1999.

MINOR. A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.

MIXED FAMILY. A family with citizens and eligible immigration status and without citizens and eligible immigration status as defined in 24 CFR 5.504(b)(3)

MONTHLY-ADJUSTED INCOME. 1/12 of the Annual Income after Allowances or Adjusted Income.

MONTHLY INCOME. 1/12 of the Annual Income.

MUTUAL HOUSING. Included in the definition of COOPERATIVE.

NATIONAL. A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

NEAR-ELDERLY FAMILY. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two or more persons who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62, living with one or more live-in aides.

NEGATIVE RENT. Now called Utility Reimbursement. A negative Tenant Rent results in a Utility Reimbursement Payment (URP).

NET FAMILY ASSETS. Value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles is excluded from the definition.

NET FAMILY CONTRIBUTION. Former name for Tenant Rent.

NON-CITIZEN. A person who is neither a citizen nor a national of the United States.

OCCUPANCY STANDARDS. [Now referred to as Subsidy Standards] Standards established by a PHA to determine the appropriate number of bedrooms for families of different sizes and compositions.

OVER-FMR TENANCY (OFTO). In the pre-merger Certificate program: A tenancy for which the initial gross rent exceeds the FMR/exception rent limit.

OWNER. Any persons or entity having the legal right to lease or sublease a unit to a participant.

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PARTICIPANT. A family that has been admitted to the PHA's program and is currently assisted in the program. The family becomes a participant on the effective date of the first HAP contract executed by the PHA for the family (First day of initial lease term).

PAYMENT STANDARD. The maximum monthly assistance payment for a family assisted in the voucher program (before deducting the total tenant payment by the family).

PERSON WITH DISABILITIES. A person who has a disability as defined in 42 U.S.C 423 or a developmental disability as defined in 42 U.S.C. 6001. Also includes a person who is determined, under HUD regulations, to have a physical or mental impairment that is expected to be of long-continued and indefinite duration, substantially impedes the ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions. For purposes of reasonable accommodation and program accessibility for persons with disabilities, means an "individual with handicaps" as defined in 24 CFR 8.3. Definition does not exclude persons who have AIDS or conditions arising from AIDS, but does not include a person whose disability is based solely on drug or alcohol dependence (for low-income housing eligibility purposes).

PHA PLAN. The annual plan and the 5-year plan as adopted by the PHA and approved by HUD in accordance with 24 CFR part 903.

PORTABILITY. Renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the initial PHA.

PREMISES. The building or complex in which the dwelling unit is located, including common areas and grounds.

PRIVATE SPACE. In shared housing: The portion of a contract unit that is for the exclusive use of an assisted family.

PROCESSING ENTITY. Entity responsible for making eligibility determinations and for income reexaminations. In the Section 8 Program, the "processing entity" is the "responsible entity."

PROGRAM. The Section 8 tenant-based assistance program under 24 CFR Part 982.

PROGRAM RECEIPTS. HUD payments to the PHA under the consolidated ACC, and any other amounts received by the PHA in connection with the program.

PUBLIC ASSISTANCE. Welfare or other payments to families or individuals, based on need, which are made under programs funded, separately or jointly, by Federal, state, or local governments.

PUBLIC HOUSING AGENCY (PHA). PHA includes any State, county, municipality or other governmental entity or public body that is authorized to administer the program (or an agency or instrumentality of such an entity), or any of the following:

A consortia of housing agencies, each of which meets the qualifications in paragraph (1) of this definition, that HUD determines has the capacity and capability to efficiently administer the program (in which case, HUD may enter into a consolidated ACC with any legal entity authorized to act as the legal representative of the consortia members):

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Any other public or private non-profit entity that was administering a Section 8 tenant-based assistance program pursuant to a contract with the contract administrator of such program (HUD or a PHA) on October 21, 1998; or

For any area outside the jurisdiction of a PHA that is administering a tenant-based program, or where HUD determines that such PHA is not administering the program effectively, a private non-profit entity or a governmental entity or public body that would otherwise lack jurisdiction to administer the program in such area.

REASONABLE RENT. A rent to owner that is not more than rent charged for comparable units in the private unassisted market, and not more than the rent charged for comparable unassisted units in the premises.

RECEIVING PHA. In portability: A PHA that receives a family selected for participation in the tenant-based program of another PHA. The receiving PHA issues a voucher and provides program assistance to the family.

RECERTIFICATION. Sometimes called reexamination. The process of securing documentation of total family income used to determine the rent the tenant will pay for the next 12 months if there are no additional changes to be reported. There are annual and interim recertifications.

REGULAR TENANCY. In the pre-merger certificate program: A tenancy other than an over-FMR tenancy.

REMAINING MEMBER OF TENANT FAMILY. Person left in assisted housing after other family members have left and become unassisted.

RENT TO OWNER. The total monthly rent payable to the owner under the lease for the unit. Rent to owner covers payment for any housing services, maintenance and utilities that the owner is required to provide and pay for.

RESIDENCY PREFERENCE. A PHA preference for admission of families that reside anywhere in a specified area, including families with a member who works or has been hired to work in the area ("residency preference area").

RESIDENCY PREFERENCE AREA. The specified area where families must reside to qualify for a residency preference.

RESIDENT ASSISTANT. A person who lives in an Independent Group Residence and provides on a daily basis some or all of the necessary services to elderly, handicapped, and disabled individuals receiving Section 8 housing assistance and who is essential to these individuals' care or well-being. A Resident Assistant shall not be related by blood, marriage or operation of law to individuals receiving Section 8 assistance nor contribute to a portion of his/her income or resources towards the expenses of these individuals.

RESPONSIBLE ENTITY. For the public housing and Section 8 tenant-based assistance, project-based certificate assistance and moderate rehabilitation program, the responsible entity means the PHA administering the program under an ACC with HUD. For all other Section 8 programs, the responsible entity means the Section 8 owner.

SECRETARY. The Secretary of Housing and Urban Development.

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SECTION 8. Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f).

SECTION 214. Section 214 restricts HUD from making financial assistance available for noncitizens unless they meet one of the categories of eligible immigration status specified in Section 214 of the Housing and Community Development Act of 1980, as amended (42 U.S.C. 1436a).

SECURITY DEPOSIT. A dollar amount that can be applied to unpaid rent, damages or other amounts to the owner under the lease.

SERVICE PERSON. A person in the active military or naval service (including the active reserve) of the United States.

SHARED HOUSING. A unit occupied by two or more families. The unit consists of both common space for shared use by the occupants of the unit and separate private space for each assisted family. A special housing type.

SINGLE PERSON. A person living alone or intending to live alone.

SPECIAL ADMISSION. Admission of an applicant that is not on the PHA waiting list or without considering the applicant's waiting list position.

SPECIAL HOUSING TYPES. See Subpart M of 24 CFR 982, which states the special regulatory requirements for SRO housing, congregate housing, group homes, shared housing, cooperatives (including mutual housing), and manufactured homes (including manufactured home space rental).

SPECIFIED WELFARE BENEFIT REDUCTION. Those reductions of welfare benefits (for a covered family) that may not result in a reduction of the family rental contribution. A reduction of welfare benefits because of fraud in connection with the welfare program, or because of welfare sanction due to noncompliance with a welfare agency requirement to participate in an economic self-sufficiency program.

SPOUSE. The husband or wife of the head of the household

SPOUSE (Non-Citizen Rule) Spouse refers to the marriage partner, either a husband or wife, who is someone you need to divorce in order to dissolve the relationship. It includes the partner in a common-law marriage. It does not cover boyfriends, girlfriends, significant others, or "co-heads." "Co-head" is a term recognized by some HUD programs, but not by public and Indian housing programs.

SUBSIDIZED PROJECT. A multi-family housing project (with the exception of a project owned by a cooperative housing mortgage corporation or association) that receives the benefit of subsidy in the form of:

Below-market interest rates pursuant to Section 221(d)(3) and (5) or interest reduction payments pursuant to Section 236 of the National Housing Act; or

Rent supplement payments under Section 101 of the Housing and Urban Development Act of 1965; or

Direct loans pursuant to Section 202 of the Housing Act of 1959; or

Payments under the Section 23 Housing Assistance Payments Program pursuant to Section 23 of the United States Housing Act of 1937 prior to amendment by the Housing and Community Development Act of 1974;

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Payments under the Section 8 Housing Assistance Payments Program pursuant to Section 8 of the United States Housing Act after amendment by the Housing and Community Development Act unless the project is owned by a Public Housing Agency;

A Public Housing Project.

SUBSIDY STANDARDS. Standards established by a PHA to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

SUBSTANDARD UNIT. Substandard housing is defined by HUD for use as a federal preference.

SUSPENSION/TOLLING. Stopping the clock on the term of a family's voucher, for such period as determined by the PHA, from the time when the family submits a request for PHA approval to lease a unit, until the time when the PHA approves or denies the request. If the PHA decides to allow extensions or suspensions of the voucher term, the PHA administrative plan must describe how the PHA determines whether to grant extensions or suspensions, and how the PHA determines the length of any extension or suspension.

TENANCY ADDENDUM. For the Housing Choice Voucher Program, the lease language required by HUD in the lease between the tenant and the owner.

TENANT. The person or persons (other than a live-in-aide) who executes the lease as lessee of the dwelling unit.

TENANT RENT. The amount payable monthly by the family as rent to the unit owner (Section 8 owner or PHA in public housing). For a tenancy in the pre-merger certificate program, tenant rent equals the total tenant payment minus any utility allowance.

TOTAL TENANT PAYMENT (TTP). The total amount the HUD rent formula requires the tenant to pay toward gross rent and utility allowance.

UNIT. Residential space for the private use of a family.

UNUSUAL EXPENSES. Prior to the change in the 1982 regulations, this was the term applied to the amounts paid by the family for the care of minors under 13 years of age or for the care of disabled or handicapped family household members, but only where such care was necessary to enable a family member to be gainfully employed.

UTILITIES. Utilities means water, electricity, gas, other heating, refrigeration, cooking fuels, trash collection and sewage services. Telephone service is not included as a utility.

UTILITY ALLOWANCE. If the cost of utilities (except telephone) including range and refrigerator, and other housing services for an assisted unit is not included in the Contract Rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA or HUD of a reasonable consumption of such utilities and other services for the unit by an energy conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthy living environment.

UTILITY REIMBURSEMENT. In the voucher program, the portion of the housing assistance payment which exceeds the amount of the rent to owner.

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UTILITY REIMBURSEMENT PAYMENT. In the pre-merger certificate program, the amount, if any, by which the Utility Allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit.

VACANCY LOSS PAYMENTS. (For pre-merger certificate contracts effective prior to 10/2/95) When a family vacates its unit in violation of its lease, the owner is eligible for 80% of the Contract Rent for a vacancy period of up to one additional month, (beyond the month in which the vacancy occurred) if s/he notifies the PHA as soon as s/he learns of the vacancy, makes an effort to advertise the unit, and does not reject any eligible applicant except for good cause.

VERY LOW INCOME FAMILY. A Lower-Income Family whose Annual Income does not exceed 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes. This is the income limit for the pre-merger certificate and voucher programs.

VETERAN. A person who has served in the active military or naval service of the United States at any time and who shall have been discharged or released there from under conditions other than dishonorable.

VIOLENT CRIMINAL ACTIVITY. Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

VOUCHER (rental voucher). A document issued by a PHA to a family selected for admission to the voucher program. This document describes the program and the procedures for PHA approval of a unit selected by the family. The voucher also states the obligations of the family under the program.

VOUCHER HOLDER. A family holding a voucher with an unexpired term (search time).

VOUCHER PROGRAM. The Housing Choice Voucher program.

WAITING LIST. A list of families organized according to HUD regulations and PHA policy that are waiting for subsidy to become available.

WAITING LIST ADMISSION. An admission from the PHA waiting list.

WELFARE ASSISTANCE. Income assistance from Federal or State welfare programs, including assistance provided under TANF and general assistance. Does not include assistance directed solely to meeting housing expenses, nor programs that provide health care, childcare or other services for working families. FOR THE FSS PROGRAM (984.103(b)), "welfare assistance" includes only cash maintenance payments from Federal or State programs designed to meet a family's ongoing basic needs, but does not include food stamps, emergency rental and utilities assistance, SSI, SSDI, or Social Security.

WELFARE RENT. This concept is used ONLY for pre-merger Certificate tenants who receive welfare assistance on an "AS-PAID" basis. It is not used for the Housing Voucher Program.

If the agency does NOT apply a ratable reduction, this is the maximum a public assistance agency COULD give a family for shelter and utilities, NOT the amount the family is receiving at the time the certification or recertification is being processed. If the agency applies a ratable reduction, welfare rent is a percentage of the maximum the agency could allow.

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WELFARE-TO-WORK (WTW) FAMILIES. Families assisted by a PHA with voucher funding awarded to the PHA under the HUD welfare-to-work voucher program (including any renewal of such WTW funding for the same purpose).

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AAF	Annual Adjustment Factor. A factor published by HUD in the Federal Register that is used to compute annual rent adjustment.
ACC	Annual Contributions Contract
BR	Bedroom
CDBG	Community Development Block Grant
CFR	Code of Federal Regulations. Commonly referred to as "the regulations". The CFR is the compilation of Federal rules that are first published in the Federal Register and define and implement a statute.
CPI	Consumer Price Index. CPI is published monthly by the Department of Labor as an inflation indicator.
ELI	Extremely low income
FDIC	Federal Deposit Insurance Corporation
FHA	Federal Housing Administration
FICA	Federal Insurance Contributions Act - Social Security taxes
FmHA	Farmers Home Administration
FMR	Fair Market Rent
FY	Fiscal Year
FYE	Fiscal Year End
GAO	Government Accounting Office
GFC	Gross Family Contribution. Note: Has been replaced by the term Total Tenant Payment (TTP).
GR	Gross Rent
HAP	Housing Assistance Payment
HAP Plan	Housing Assistance Plan
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	The Department of Housing and Urban Development or its designee.
IG	Inspector General
IGR	Independent Group Residence
IPA	Independent Public Accountant
IRA	Individual Retirement Account
MSA	Metropolitan Statistical Area established by the U.S. Census Bureau

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PHA	Public Housing Agency
PMSA	A Primary Metropolitan Statistical Area established by the U.S. Census Bureau
PS	Payment Standard
QC	Quality Control
RFTA	Request for Tenancy Approval
RFP	Request for Proposals
RRP	Rental Rehabilitation Program
SRO	Single Room Occupancy
SSMA	Standard Statistical Metropolitan Area. (Has been replaced by MSA, Metropolitan Statistical Area.)
TR	Tenant Rent
TTP	Total Tenant Payment
UA	Utility Allowance
URP	Utility Reimbursement Payment

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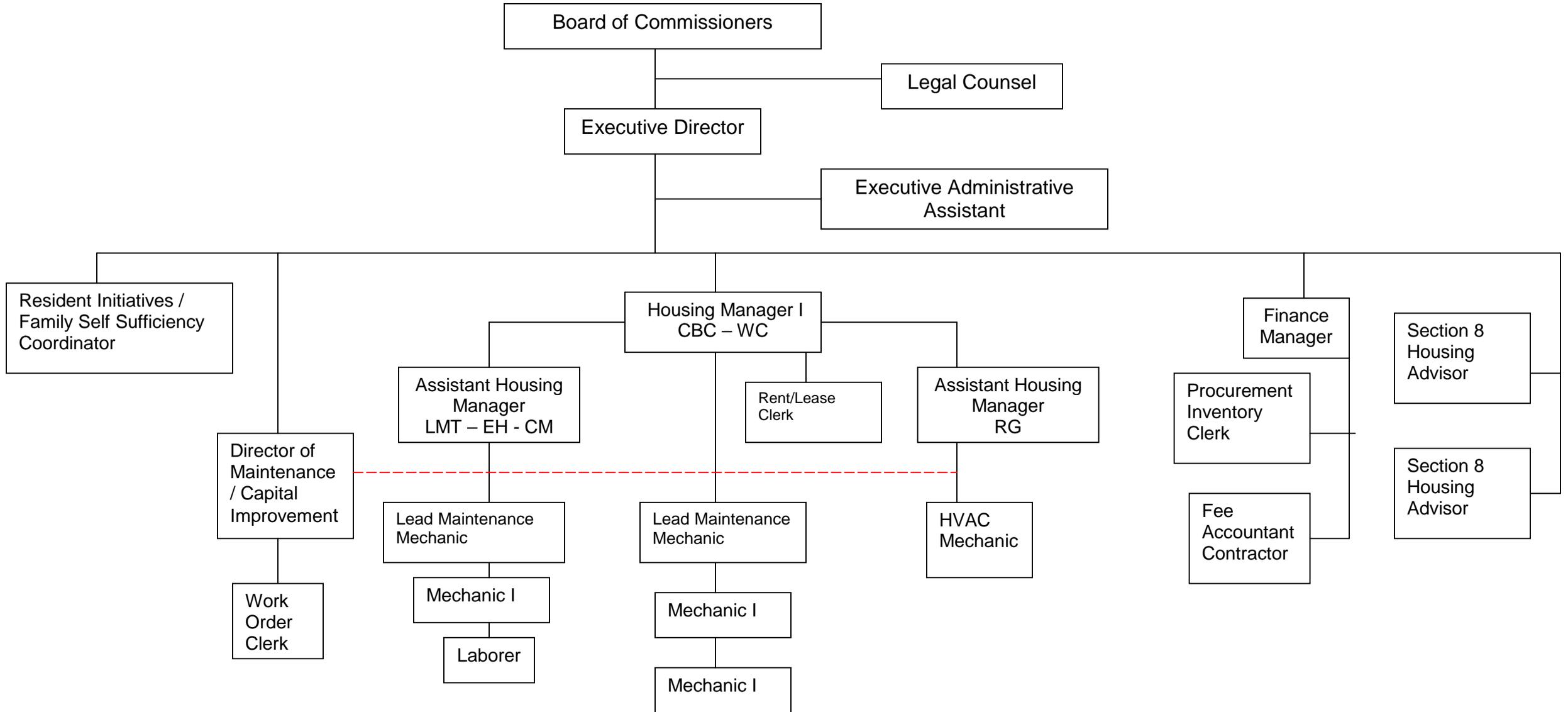
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SANFORD HOUSING AUTHORITY ORGANIZATIONAL CHART



ATTACHMENT F

Description of Community Service and Self-Sufficiency Requirement

Sanford Housing Authority Community Service and Self-Sufficiency Requirement Policy

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Dwelling Lease.

B. Eligible Community Service Activities

1. Eligible community service activities that can be performed include, but are not limited to:

- a) Work at a local public or non-profit institution, including but not limited to: a local school, Head start, before- and after-school program, childcare center, hospital, hospice, nursing home, recreation center, senior center, adult day care program, homeless shelter, feeding program, food bank (distributing either donated or commodity foods), or clothes closet (distributing donated clothing), etc;
 - b) Work with a non-profit organization that serves SHA residents or their children, including but not limited to: Boys or Girls Scouts, Boys or Girls Club, 4-H Club, PAL, other children's recreation, mentoring, or education programs, Big Brothers or Big Sisters, Garden Center, Community clean-up programs, Beautification programs, etc;
 - c) Work with any program funded under the Older Americans Act, including but not limited to: Green Thumb, Service Corps of Retired Executives, Senior meals programs, Senior Center, Meals-on-Wheels, etc;
 - d) Work with any other public or non-profit youth or senior organizations;
 - e) Work as an officer of a development or city-wide resident organization;
 - f) Work as a member of the Resident Advisory Board;
 - g) Work at the SHA to help improve physical conditions;
 - h) Work at the Sanford Housing Authority (SHA) to help with children's programs;
 - i) Work at the SHA to help with senior programs;
 - j) Helping neighborhood groups with special projects;
 - k) Working through resident organization to help other residents with problems; serving as an officer in a Resident Organization; serving on the Resident Advisory Board; and
 - l) Caring for the children of other residents so they may volunteer.
- *NOTE:* Political activity is excluded.

C. Eligible Self-Sufficiency Activities

1. Eligible self-sufficiency activities in which residents may engage include, but are not limited to:

- a) Job readiness programs;
- b) Job training programs;
- c) Skills training;
- d) GED classes;
- e) Higher education (Junior college or college/university);
- f) Apprenticeships (formal or informal);
- g) Substance abuse or mental health counseling;
- h) English proficiency or literary (reading) classes;
- i) Budgeting and credit counseling;
- j) Any kind of class that helps a person toward economic independence;
- k) Full-time student status at any school, college or vocational school; and
- l) Carrying out any activity required by the Department of Public Assistance as part of welfare reform.

D. Exempt Residents

The Community Service and Self-Sufficiency requirement applies to all adult residents in public housing except for those exempted under Section 12(c) of the Act. This requirement does not apply to Section 8 tenants.

1. Public housing residents exempt from the Community Service and Self-Sufficiency Requirement are those:

- a) Age 62 years or older
- b) Persons with disabilities and certifies that, based on the disability, he or she cannot comply with the requirement;
- c) Primary caretakers of a person with disability who has certified that based on the caretaker's responsibility, he or she cannot comply with the requirement;
- d) Currently working at least 30 hours per week;
- e) Engaged in work activities as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
 1. Unsubsidized employment;
 2. Subsidize private-sector employment;
 3. Subsidized public-sector employment;
 4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
 5. On-the-job-training;
 6. Job-search and job-readiness assistance;
 7. Community service programs;
 8. Vocational educational training (not to exceed 12 months with respect to any individual);
 9. Job-skills training directly related to employment;

10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence; in the case of a recipient who has not completed secondary school or received such a certificate; and
 12. The provision of childcare services to an individual who is participating in a community service program.
- f) Meet the requirements for being exempt from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
- g) If a member of a family receiving TANF assistance, benefits, or service under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.); or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program and has not been found by the State or other administering entity to be in non-compliance with such program.

E. Requirements of the Program

1. The eight hours per month may be either volunteer work or self-sufficiency program activity or a combination of the two.
2. At least eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The SHA will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the SHA.

F. Family Obligations

At the time of Lease execution or re-examination on or after November 14, 2003, all adult members (18 years or older) of a public housing resident family must:

1. Provide documentation that they are exempt from the Community Service and Self-Sufficiency Requirement.
2. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service and Self-Sufficiency Requirement will result in non-renewal of their Lease.

3. At each annual re-examination, non-exempt family members **must** present a completed documentation form (to be provided by the Sanford Housing Authority) of activities performed over the previous 12 months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
4. If a family member is found to be non-compliant at re-examination, he/she and the Head of Household **must** sign an agreement with the SHA to make up the deficient hours over the next 12-month period.

G. Change in Exempt Status

1. If, during the 12-month period, a non-exempt person becomes exempt, it is his/her responsibility to report their new “exempt” status to the SHA and provide documentation to support their status.
2. If, during the 12-month period, an exempt person becomes non-exempt, it is his/her responsibility to report their new “non-exempt” status to the SHA. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

H. Sanford Housing Authority’s Obligations

1. To the greatest extent possible and practical, the SHA will:
 - a) Provide names and contacts of agencies that can provide opportunities for residents to fulfill their Community Service and Self-Sufficiency requirements.
 - b) Provide in-house opportunities for volunteer work or self-sufficiency programs.
2. The SHA will provide the family with exemption verifications forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The SHA will make the final determination as to whether or not a family member is exempt from the Community Service and Self-Sufficiency Requirement. Residents may use the SHA’s Grievance Procedure if they disagree with the SHA’s determination.

I. Non-compliance of Family Member

1. At least 30-days prior to annual re-examination and/or lease expiration, the SHA will begin reviewing the exempt or non-exempt status and compliance of family members.

2. If the SHA finds a family member to be in non-compliance, the SHA **must** enter into an agreement with the non-compliant member and the Head of Household to make up the deficient hours over the next 12-month period.
3. If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the non-compliant member agrees to move out of the unit.
4. The family may use the SHA's Grievance Procedure to protest the lease termination.

**Sanford Housing Authority
Record and Certification of Community Service and Self-Sufficiency Requirement Activities**

Resident Name: _____ Address: _____ SSN: _____

Date of Activity Month/Day/Year	Type of Service Activity	Type of Training Program	Type of Educational Program	# of hours	Name of Company or Organization	Signature of Supervising Official / Telephone #
EXAMPLE 11/23/03	Community Service	Resident Capacity Building		8	My Town Resident Council	<i>Jane Doe</i> Resident Initiatives Coord. 407-555-2300

Total hours should equal 96: (8 hours per month x 12)

**Community Service and Self-Sufficiency Requirement
Compliance Certification**

I/We have received a copy of the contents of the Sanford Housing Authority’s Community Service and Self-Sufficiency Requirement Policy. I/we have read and understand the requirements of the Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if I/we do not comply with this requirement, my/our lease will not be renewed.

Resident: _____ Date: _____

Signature: _____

Resident: _____ Date: _____

Signature: _____

Resident: _____ Date: _____

Signature: _____

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number	FFY of Grant Approval		
SANFORD HOUSING AUTHORITY		FL29P016501-05	2005		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number # <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending-- <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$159,382	\$159,382	\$159,382	\$159,382
3	1408 Management Improvements (May not exceed 20% of line 20)	\$4,000	\$20,000	\$3,665	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$48,300	\$48,300	\$0	\$0
5	1411 Audit	\$0	\$5,000	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$6,000	\$6,000	\$0	\$0
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$20,000	\$34,658	\$1,600	\$0
10	1460 Dwelling Structures	\$111,417	\$72,047	\$31,701	\$0
11	1465.1 Dwelling Equipment - Nonexpendable	\$18,000	\$21,000	\$8,283	\$0
12	1470 Nondwelling Structures	\$0	\$19,000	\$0	\$0
13	1475 Nondwelling Equipment	\$18,000	\$23,712	\$16,000	\$0
14	1485 Demolition	\$24,000	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1501 Loan Payment	\$387,814	\$387,814	\$387,814	\$32,318
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$796,913.00	\$796,913.00	\$608,445.00	\$191,699.80
21	Amount of line 20 Related to LBP Activities	\$5,000	\$5,000		
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$159,382.00	\$159,382.00	\$159,382.00	\$159,382.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT / COMMISSIONER STAFF TRAINING			\$2,000.00	\$19,000.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$2,000.00	\$1,000.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$4,000.00	\$20,000.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (10% OF Salary)			\$8,000.00	\$8,000.00	\$0.00	\$0.00	
	Purchasing Officer (30% OF Salary)		60%	\$7,800.00	\$7,800.00	\$0.00	\$0.00	
	MAINTENANCE/MOD DIRECTOR (30% OF Salary)			\$19,500.00	\$19,500.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (20% OF Salary)			\$13,000.00	\$13,000.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$48,300.00	\$48,300.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
	ENERGY AUDIT				\$5,000.00			
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS			\$0.00	\$0.00	\$0.00	\$0.00	
	A & E Fees			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Asbestos Testing / Lead Base Paint Testing			\$5,000.00	\$5,000.00			
	Total 1430			\$6,000.00	\$6,000.00	\$0.00	\$0.00	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1501 LOAN PAYMENT	1501		\$387,814.00	\$387,814.00	\$32,818.00	\$32,818.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$605,496	\$626,496	\$192,200	\$192,200	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	HANDRAILS			\$4,000.00	\$2,000.00	\$1,600.00	\$0.00	
	INSTALL RAMP # 93			\$0.00	\$3,213.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$2,000.00	\$5,000.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$6,000.00	\$10,213.00	\$1,600.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$11,340.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR Gas SYSTEMS IN UNIT			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$3,125.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$13,000.00	\$8,042.00	\$1,600.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW & SECURITY SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$19,000.00	\$32,720.00	\$3,200.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$13,000.00	\$22,507.00	\$1,600.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Total 1465			\$6,000.00	\$6,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$19,000.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$20,000.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE (CENTRAL OFFICE)			\$0.00	\$5,000.00	\$3,665.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$4,307.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	TRUCK (MAINTENANCE DIRECTOR)				\$14,405.00			
	Total 1475			\$0.00	\$23,712.00	\$3,665.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$6,000.00	\$49,712.00	\$3,665.00	\$0.00	
	Total Cost for FL29P016-001			\$25,000.00	\$82,432.00	\$6,865.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$7,115.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$625.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS/WINDOW REPAIRS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$45,000.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$45,000.00	\$7,740.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$45,000.00	\$7,740.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Total 1465			\$6,000.00	\$6,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$6,000.00	\$6,000.00	\$0.00	\$0.00	
	Total Cost for FL29P016-002			\$51,000.00	\$13,740.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$5,745.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$5,745.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$2,940.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$750.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$9,435.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$3,690.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Total 1465			\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	Total Cost for FL29P016-003			\$2,000.00	\$11,435.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$2,700.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$2,700.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$2,700.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$0.00	\$2,700.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$3,000.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$4,000.00	\$4,000.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$3,000.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$4,000.00	\$10,000.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$7,675.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$5,610.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$4,000.00	\$23,285.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$13,285.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$1,000.00	\$1,000.00	\$0.00	\$0.00	
	Total 1465			\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$2,000.00	\$2,000.00	\$0.00	\$0.00	
	Total Cost for FL29P016-005			\$6,000.00	\$25,285.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$10,000.00	\$8,700.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$10,000.00	\$8,700.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA CREW VACANCY REDUCTION			\$0.00	\$9,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$3,125.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR / REPLACE EXTERIOR STAIRS / LANDINGS			\$40,417.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$60,417.00	\$30,825.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$50,417.00	\$22,125.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$1,000.00	\$2,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$1,000.00	\$3,000.00	\$0.00	\$0.00	
	Total 1465			\$2,000.00	\$5,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$2,000.00	\$5,000.00	\$0.00	\$0.00	
	Total Cost for FL29P016-006			\$62,417.00	\$35,825.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule

Capital Fund Program: FL29P016501-05

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	9/30/2007	9/30/2007		9/30/2008	9/30/2008		

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Grant Approval	
SANFORD HOUSING AUTHORITY		Proposed Loan Expenditures		2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number #2 <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending: <u>12/31/2004</u> ----- <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		REVISED 9/30/2004	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0.00	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0.00	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0.00	\$0	\$0
5	1411 Audit	\$0	\$0.00	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0.00	\$0	\$0
7	1430 Fees and Costs	\$224,000	\$188,500.00	\$186,588	\$82,977
8	1440 Site Acquisition	\$0	\$0.00	\$0	\$0
9	1450 Site Improvement	\$343,300	\$103,472.00	\$101,972	\$0
10	1460 Dwelling Structures	\$2,693,321	\$2,989,649.00	\$2,978,649	\$277,723
11	1465.1 Dwelling Equipment - Nonexpendable	\$0	\$0.00	\$0	\$0
12	1470 Nondwelling Structures	\$0	\$0.00	\$0	\$0
13	1475 Nondwelling Equipment	\$0	\$0.00	\$0	\$0
14	1485 Demolition	\$0	\$0.00	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0.00	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0.00	\$0	\$0
17	1495.1 Relocation Costs	\$23,000	\$2,000.00	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0.00	\$0	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0.00	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$3,283,621.00	\$3,283,621.00	\$3,267,209.46	\$360,699.90
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	ADMIN. ASST.			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD/MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS to WACHOVIA INSPECTOR			\$22,000.00	\$2,500.00	\$1,120.06	\$1,120.06	
	A & E Fees Clerk of Works			\$200,000.00	\$184,000.00	\$184,000.00	\$80,388.65	
	SUNDRY EXPENSES			\$2,000.00	\$2,000.00	\$1,468.40	\$1,468.40	
	Total 1430			\$224,000.00	\$188,500.00	\$186,588.46	\$82,977.11	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$224,000	\$188,500	\$186,588	\$82,977	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$15,840.00	\$15,840.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$15,840.00	\$15,840.00	\$0.00	
	1460 Dwelling Structure	1460						
	ADCO UNIT PRICES + GENERAL CONDITIONS			\$0.00	\$53,189.56	\$53,189.56	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$10,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$50,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	TERMITE TREATMENT			\$32,433.34	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$48,750.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$25,000.00	\$46,879.00	\$46,879.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES + \$50000 UNIT COST			\$351,220.66	\$373,928.00	\$373,928.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$70,000.00	\$53,750.00	\$53,750.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	PAINT PURCHASED FROM HOME DEPOT			\$25,900.00	\$25,900.00	\$25,900.00	\$25,900.00	
	PAGE SUBTOTAL			\$613,304.00	\$569,486.56	\$569,486.56	\$25,900.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	TREAT FOR TERMITES			\$15,000.00	\$6,000.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	NEW UNIT SIGNS			\$0.00	\$7,754.00	\$7,754.00	\$0.00	
	EXTERIOR PAINTING			\$43,112.00	\$127,280.00	\$127,280.00	\$0.00	
	Total 1460			\$671,416.00	\$694,680.56	\$688,680.56	\$25,900.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	VEHICLES			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$58,112.00	\$141,034.00	\$135,034.00	\$0.00	
	Total Cost for FL29P016-001			\$671,416.00	\$710,520.56	\$704,520.56	\$25,900.00	

**Annual Statement /
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Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	PROVIDE DUMPSTER ENCLOSURES			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	ADCO UNIT PRICE AND GENERAL CONDITIONS			\$0.00	\$18,135.00	\$18,135.00	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$10,000.00	\$1,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$33,150.00	\$5,000.00	\$5,000.00	\$0.00	
	REPLACE SOME KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES + \$25000 UNIT COST			\$184,000.00	\$202,539.00	\$202,539.00	\$54,121.17	
	REPLACE WINDOWS/WINDOW REPAIRS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	NEW UNIT SIGNS			\$0.00	\$5,288.00	\$5,288.00	\$0.00	
	PAGE SUBTOTAL			\$227,150.00	\$231,962.00	\$230,962.00	\$54,121.17	

**Annual Statement /
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Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REMOVE ATTIC FANS			\$0.00	\$0.00	\$0.00	\$0.00	
	PAINT PURCHASED FROM HOME DEPOT			\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING/STUCCO			\$90,000.00	\$55,770.00	\$55,770.00	\$0.00	
	Total 1460			\$333,150.00	\$303,732.00	\$302,732.00	\$70,121.17	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$106,000.00	\$71,770.00	\$71,770.00	\$16,000.00	
	Total Cost for FL29P016-002			\$333,150.00	\$303,732.00	\$302,732.00	\$70,121.17	

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Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	GENERAL CONDITIONS & UNIT COST			\$0.00	\$22,338.00	\$22,338.00	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$8,000.00	\$1,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$57,500.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	CLOSET DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$15,600.00	\$3,422.44	\$3,422.44	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$20,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES + \$20000 UNIT COST			\$105,000.00	\$125,000.00	\$125,000.00	\$66,741.50	
	REPLACE WINDOWS			\$0.00	\$118,816.00	\$118,816.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$18,200.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$28,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$24,000.00	\$17,200.00	\$17,200.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$45,840.00	\$45,840.00	\$0.00	
	PAINT PURCHASED FROM HOME DEPOT			\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	
	PAGE SUBTOTAL			\$283,800.00	\$341,116.44	\$340,116.44	\$74,241.50	

**Annual Statement /
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Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	EXTERIOR PAINTING/STUCCO			\$70,832.00	\$30,870.00	\$30,870.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	PROVIDE NEW UNIT SIGNS			\$1,200.00	\$2,558.00	\$2,558.00	\$0.00	
	CLEAN & RESURFACE OLD CAST IRON TUBS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$355,832.00	\$374,544.44	\$373,544.44	\$74,241.50	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$72,032.00	\$33,428.00	\$33,428.00	\$0.00	
	Total Cost for FL29P016-003			\$355,832.00	\$374,544.44	\$373,544.44	\$74,241.50	

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Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	HOSE BIBS ELIMINATED			\$0.00	\$2,400.00	\$2,400.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	NEW HANDICAPPED MAIL CENTER			\$0.00	\$0.00	\$0.00	\$0.00	
	PROVIDE DUMPSTER ENCLOSURE			\$15,600.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$15,600.00	\$2,400.00	\$2,400.00	\$0.00	
	1460 Dwelling Structure	1460						
	ADCO UNIT COST & GENERAL CONDITION			\$0.00	\$93,150.00	\$93,150.00	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$4,800.00	\$1,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$34,000.00	\$57,900.00	\$57,900.00	\$0.00	
	HVAC DIFFUSER			\$0.00	\$10,050.00	\$10,050.00	\$0.00	
	RANGE HOOD			\$0.00	\$7,700.00	\$7,700.00	\$0.00	
	FLOOR MASTIC ABATEMENT			\$0.00	\$34,530.00	\$34,530.00	\$0.00	
	ELECTRICAL REPAIRS + ATTIC FAN			\$0.00	\$17,250.00	\$17,250.00	\$0.00	
	INTERIOR PAINTING			\$8,970.00	\$32,150.00	\$32,150.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$115,000.00	\$44,181.00	\$44,181.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$17,630.00	\$17,630.00	\$0.00	
	REPLACE ROOF SHINGLES + UNIT COST \$30,000			\$80,580.00	\$110,580.00	\$110,580.00	\$82,770.12	
	REPLACE WINDOWS			\$114,000.00	\$50,320.00	\$50,320.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$15,180.00	\$36,150.00	\$36,150.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$21,000.00	\$26,400.00	\$26,400.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$21,000.00	\$12,900.00	\$12,900.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$114,000.00	\$24,400.00	\$24,400.00	\$0.00	
	NEW UNIT ADDRESS			\$3,000.00	\$1,800.00	\$1,800.00	\$0.00	
	PAGE SUBTOTAL			\$547,130.00	\$580,491.00	\$579,491.00	\$82,770.12	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	EXTERIOR PAINTING/STUCCO			\$123,500.00	\$23,950.00	\$23,950.00	\$0.00	
	PAINT PURCHASED FROM HOME DEPOT			\$6,290.00	\$6,290.00	\$6,290.00	\$6,290.00	
	NEW CLOSET DOORS			\$21,000.00	\$0.00	\$0.00	\$0.00	
	WALL REPAIR			\$0.00	\$4,250.00	\$4,250.00	\$0.00	
	Total 1460			\$682,320.00	\$612,581.00	\$611,581.00	\$89,060.12	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$23,000.00	\$2,000.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$720,920.00	\$616,981.00	\$613,981.00	\$89,060.12	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REMOVE ALL GARBAGE CAN ENCLOSURES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$54,600.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$147,500.00	\$58,142.00	\$58,142.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER CLEANOUTS AND SEWER CLEANING			\$0.00	\$9,300.00	\$9,300.00	\$0.00	
	REMOVE HOSE BIBS			\$0.00	\$2,240.00	\$2,240.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$5,000.00	\$1,500.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$5,000.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$212,100.00	\$71,182.00	\$69,682.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$10,450.00	\$10,450.00	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$8,480.00	\$1,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE INC.ASBESTOS ABATEMENT			\$19,000.00	\$52,710.00	\$52,710.00	\$0.00	
	HVAC DIFFUSERS			\$0.00	\$4,400.00	\$4,400.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$10,000.00	\$19,600.00	\$19,600.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$4,750.00	\$4,750.00	\$0.00	
	DRYWALL REPLACEMENT			\$20,000.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$15,000.00	\$23,000.00	\$23,000.00	\$0.00	
	REPLACE KITCHEN CABINETS INCLUDING RANGE HOODS			\$95,000.00	\$36,481.00	\$36,481.00	\$0.00	
	BATHROOM RENOVATION INC. FANS			\$15,000.00	\$37,335.00	\$37,335.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$74,223.00	\$74,223.00	\$74,223.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$29,222.00	\$29,222.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$10,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$10,000.00	\$40,248.00	\$40,248.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$13,745.00	\$13,745.00	\$0.00	
	NEW UNIT ADDRESS SIGNS			\$0.00	\$6,288.00	\$6,288.00	\$0.00	
	SECURITY WINDOW SCREENS			\$0.00	\$34,400.00	\$34,400.00	\$0.00	
	PAGE SUBTOTAL			\$488,803.00	\$459,034.00	\$456,534.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	PAINT PURCHASED FROM HOME DEPOT			\$5,800.00	\$5,800.00	\$5,800.00	\$5,800.00	
	WALL & T-111 REPAIRS/REPLACEMENT			\$0.00	\$15,710.00	\$15,710.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$31,350.00	\$31,350.00	\$0.00	
	GENERAL CONDITIONS & UNIT COST			\$0.00	\$91,079.00	\$91,079.00	\$0.00	
	Total 1460			\$282,503.00	\$531,791.00	\$530,791.00	\$5,800.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$5,800.00	\$143,939.00	\$143,939.00	\$5,800.00	
	Total Cost for FL29P016-005			\$494,603.00	\$602,973.00	\$600,473.00	\$5,800.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$14,050.00	\$14,050.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$100,000.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	PROVIDE NEW GARBAGE ENCLOSURES			\$15,600.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$115,600.00	\$14,050.00	\$14,050.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL MASTERED LOCKS			\$15,840.00	\$1,000.00	\$0.00	\$0.00	
	ADDRESS SIGNS			\$0.00	\$6,350.00	\$6,350.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	SIDING REPLACED WITH HARDEE BOARD			\$0.00	\$63,600.00	\$63,600.00	\$0.00	
	NEW ROOFS			\$300,000.00	\$299,367.00	\$299,367.00	\$0.00	
	CLEAN FOR PAINT STAIRS & STORAGE DOORS			\$0.00	\$17,000.00	\$17,000.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	PORCH/PATIO SCREEN ENCLOSURES			\$12,800.00	\$23,903.00	\$23,903.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$444,240.00	\$425,270.00	\$424,270.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	PAINT PURCHASED FROM HOME DEPOT			\$12,600.00	\$12,600.00	\$12,600.00	\$12,600.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$26,860.00	\$48,500.00	\$48,500.00	\$0.00	
	Total 1460			\$368,100.00	\$472,320.00	\$471,320.00	\$12,600.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$39,460.00	\$61,100.00	\$61,100.00	\$12,600.00	
	Total Cost for FL29P016-006			\$483,700.00	\$486,370.00	\$485,370.00	\$12,600.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule

Capital Fund Program: Proposed Loan Expenditures

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	n/a			n/a			

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number	FFY of Grant Approval		
SANFORD HOUSING AUTHORITY		FL29P016501-04	2004		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number # 1 <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending-12/31/2004----- <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$161,000	\$161,000	\$161,000	\$161,000
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$0	\$0	\$0	\$0
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$15,000	\$5,000	\$0	\$0
10	1460 Dwelling Structures	\$227,312	\$213,358	\$102,421	\$102,421
11	1465.1 Dwelling Equipment - Nonexpendable	\$18,000	\$39,954	\$0	\$0
12	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$2,000	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1501 Loan Payment	\$387,814	\$387,814	\$387,814	\$387,814
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$809,126.00	\$809,126.00	\$651,235.06	\$651,235.06
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$161,000.00	\$161,000.00	\$161,000.00	\$161,000.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	EXECUTIVE SECRETARY (5% OF Salary)		60%	\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUPS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS			\$0.00	\$0.00	\$0.00	\$0.00	
	A & E Fees			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1430			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1501 LOAN PAYMENT	1501		\$387,814.00	\$387,814.00	\$387,814.00	\$387,814.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$548,814	\$548,814	\$548,814	\$548,814	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$5,000.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$5,000.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES - Shut Off Valves			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$15,000.00	\$5,000.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE		20.00%	\$20,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR Gas SYSTEMS IN UNIT			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$12,000.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS		35%	\$15,000.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$20,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$70,000.00	\$17,000.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$55,000.00	\$12,000.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$9,000.00	\$10,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$9,000.00	\$9,953.94	\$0.00	\$0.00	
	Total 1465			\$18,000.00	\$19,953.94	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$2,000.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$18,000.00	\$21,953.94	\$0.00	\$0.00	
	Total Cost for FL29P016-001			\$88,000.00	\$38,953.94	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES - Shut Off Valves			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$1,300.00	\$1,300.00	\$1,300.00	
	ADCO CONTRACT OVERAGES			\$100,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$11,300.00	\$11,300.00	\$11,300.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$2,209.00	\$0.00	\$0.00	
	ELECTRICAL IMPROVEMENTS			\$0.00	\$10,405.00	\$10,405.00	\$10,405.00	
	RANGE HOODS			\$0.00	\$1,600.00	\$1,600.00	\$1,600.00	
	DRYWALL REPLACEMENT			\$0.00	\$40,800.00	\$40,800.00	\$40,800.00	
	INTERIOR PAINTING			\$0.00	\$5,200.00	\$5,200.00	\$5,200.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$7,200.00	\$7,200.00	\$7,200.00	
	BATHROOM RENOVATION			\$0.00	\$10,100.00	\$10,100.00	\$10,100.00	
	REPLACE CEILING INSULATION			\$0.00	\$1,850.00	\$1,850.00	\$1,850.00	
	REPLACE WINDOWS/WINDOW REPAIRS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	LOUVER REPLACEMENT			\$0.00	\$900.00	\$900.00	\$900.00	
	VIP PAINTING/ OTHERS			\$0.00	\$10,000.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$100,000.00	\$102,864.00	\$90,655.00	\$90,655.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$6,800.00	\$6,463.00	\$6,463.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$3,400.00	\$3,400.00	\$3,400.00	
	Total 1460			\$100,000.00	\$113,064.00	\$100,518.00	\$100,518.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$10,200.00	\$9,863.00	\$9,863.00	
	Total Cost for FL29P016-002			\$100,000.00	\$113,064.00	\$100,518.00	\$100,518.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES - Shut Off Valves			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$15,000.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS		38	\$72,312.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$72,312.00	\$15,000.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$72,312.00	\$15,000.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-003			\$72,312.00	\$15,000.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES - Shut Off Valve			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$34,796.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$34,796.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$34,796.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$0.00	\$34,796.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$8,707.06	\$1,903.06	\$1,903.06	
	INSTALL NEW FA SYSTEM (HEATING)			\$0.00	\$4,791.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$15,000.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$28,498.06	\$1,903.06	\$1,903.06	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$28,498.06	\$1,903.06	\$1,903.06	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$10,000.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$10,000.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$20,000.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$20,000.00	\$0.00	\$0.00	
	Total Cost for FL29P016-005			\$0.00	\$48,498.06	\$1,903.06	\$1,903.06	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$10,000.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$10,000.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$10,000.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-006			\$0.00	\$10,000.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part III: Implementation Schedule
Capital Fund Program: FL29P016501-04

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	9/14/2006			9/14/2008			

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Grant Approval	
SANFORD HOUSING AUTHORITY		FL29P016502-03		2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number #1 <input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending-12/31/04----- <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$6,910	\$0	\$0	\$0
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$1,000	\$8,600	\$8,600	\$8,600
10	1460 Dwelling Structures	\$128,905	\$132,649	\$132,649	\$132,649
11	1465.1 Dwelling Equipment - Nonexpendable	\$9,225	\$0	\$0	\$0
12	1470 Nondwelling Structures	\$0	\$4,791	\$4,791	\$4,791
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$146,040.00	\$146,040.00	\$146,040.00	\$146,040.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	EXECUTIVE SECRETARY (5% OF Salary)		60%	\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS			\$6,910.00	\$0.00	\$0.00	\$0.00	
	A & E Fees			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1430			\$6,910.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$6,910	\$0	\$0	\$0	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$1,000.00	\$6,600.00	\$6,600.00	\$6,600.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$1,000.00	\$6,600.00	\$6,600.00	\$6,600.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR Gas SYSTEMS IN UNIT			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$1,000.00	\$6,600.00	\$6,600.00	\$6,600.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-001			\$1,000.00	\$6,600.00	\$6,600.00	\$6,600.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$2,000.00	\$2,000.00	\$2,000.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$2,000.00	\$2,000.00	\$2,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	CARPENTRY			\$0.00	\$2,375.00	\$2,375.00	\$2,375.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	FLOOR MASTIC ABATEMENT			\$0.00	\$6,000.00	\$6,000.00	\$6,000.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$32,400.00	\$32,400.00	\$32,400.00	
	REPLACE WINDOWS/WINDOW REPAIRS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$3,240.00	\$3,240.00	\$3,240.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$46,015.00	\$46,015.00	\$46,015.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$5,434.00	\$5,434.00	\$5,434.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$49,449.00	\$49,449.00	\$49,449.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$5,434.00	\$5,434.00	\$5,434.00	
	Total Cost for FL29P016-002			\$0.00	\$51,449.00	\$51,449.00	\$51,449.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-003			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$23,289.00	\$23,289.00	\$23,289.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$9,900.00	\$9,900.00	\$9,900.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$6,104.00	\$6,104.00	\$6,104.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$39,293.00	\$39,293.00	\$39,293.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$39,293.00	\$39,293.00	\$39,293.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$4,791.00	\$4,791.00	\$4,791.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$4,791.00	\$4,791.00	\$4,791.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$0.00	\$44,084.00	\$44,084.00	\$44,084.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$8,707.00	\$8,707.00	\$8,707.00	
	INSTALL NEW FA SYSTEM (HEATING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$35,200.00	\$35,200.00	\$35,200.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION CONTRACT			\$128,905.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$128,905.00	\$43,907.00	\$43,907.00	\$43,907.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$128,905.00	\$43,907.00	\$43,907.00	\$43,907.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$9,225.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$9,225.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$9,225.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-005			\$138,130.00	\$43,907.00	\$43,907.00	\$43,907.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-006			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule

Capital Fund Program: FL29P016502-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	2/12/2006		3/31/2004	2/12/2008		12/31/2004	

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Grant Approval	
SANFORD HOUSING AUTHORITY		FL29P016501-03		2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number # 1 <input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending-12/31/04----- <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$20,000	\$34,127	\$34,127	\$34,127
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$69,401	\$54,488	\$54,488	\$54,488
10	1460 Dwelling Structures	\$597,252	\$599,271	\$599,271	\$599,271
11	1465.1 Dwelling Equipment - Nonexpendable	\$4,800	\$3,567	\$3,567	\$3,567
12	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$691,453.00	\$691,453.00	\$691,453.00	\$691,453.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	EXECUTIVE SECRETARY (5% OF Salary)		60%	\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS			\$20,000.00	\$0.00	\$0.00	\$0.00	
	A & E Fees including Clerk of Works			\$0.00	\$34,127.00	\$34,127.00	\$34,127.00	
	Total 1430			\$20,000.00	\$34,127.00	\$34,127.00	\$34,127.00	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$20,000	\$34,127	\$34,127	\$34,127	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR Gas SYSTEMS IN UNIT			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-001			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$1,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$6,200.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$4,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$3,000.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$2,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$5,700.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$2,100.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS/WINDOW REPAIRS			\$800.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$9,984.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$3,880.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$38,664.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$41,664.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$3,000.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-002			\$41,664.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$24,998.00	\$24,998.00	\$24,998.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$962.00	\$962.00	\$962.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$2,507.00	\$2,507.00	\$2,507.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-003			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGN			\$3,467.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$5,000.00	\$5,000.00	\$5,000.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$3,467.00	\$5,000.00	\$5,000.00	\$5,000.00	
	1460 Dwelling Structure	1460						
	VACANCY REDUCTION CONTRACT			\$92,773.12	\$0.00	\$0.00	\$0.00	
	CARPENTRY REPAIRS - TRUSS			\$0.00	\$925.00	\$925.00	\$925.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	ATTIC FANS			\$0.00	\$2,065.00	\$2,065.00	\$2,065.00	
	FLOOR MASTIC ABATEMENT			\$0.00	\$14,750.00	\$14,750.00	\$14,750.00	
	ELECT. OR GAS SYSTEMS			\$0.00	\$12,830.00	\$12,830.00	\$12,830.00	
	DRYWALL REPLACEMENT			\$0.00	\$6,500.00	\$6,500.00	\$6,500.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$21,230.00	\$21,230.00	\$21,230.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$14,650.00	\$14,650.00	\$14,650.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$22,750.00	\$22,750.00	\$22,750.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$6,500.00	\$6,500.00	\$6,500.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$96,240.12	\$107,200.00	\$107,200.00	\$107,200.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$6,000.00	\$18,500.00	\$18,500.00	\$18,500.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$98,773.12	\$120,700.00	\$120,700.00	\$120,700.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$2,400.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$2,400.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$4,800.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$107,040.12	\$125,700.00	\$125,700.00	\$125,700.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$10,000.00	\$3,142.00	\$3,142.00	\$3,142.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$5,000.00	\$15,000.00	\$15,000.00	\$15,000.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$5,000.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$20,000.00	\$30,400.00	\$30,400.00	\$30,400.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$2,000.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$2,000.00	\$850.00	\$850.00	\$850.00	
	STORM SEWERS			\$0.00	\$96.00	\$96.00	\$96.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$5,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$6,934.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$65,934.00	\$49,488.00	\$49,488.00	\$49,488.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$1,000.00	\$1,528.00	\$1,528.00	\$1,528.00	
	HVAC REPAIRED			\$0.00	\$7,000.00	\$7,000.00	\$7,000.00	
	INSTALL NEW VINYL FLOOR TILE			\$24,000.00	\$77,292.94	\$77,292.94	\$77,292.94	
	T-111 SIDING REPLACED			\$0.00	\$2,777.00	\$2,777.00	\$2,777.00	
	ELECTRICAL REPAIRS			\$0.00	\$11,600.00	\$11,600.00	\$11,600.00	
	LOCKSETS AND LATCHES			\$0.00	\$856.50	\$856.50	\$856.50	
	DRYWALL REPLACEMENT			\$15,000.00	\$55,000.00	\$55,000.00	\$55,000.00	
	INTERIOR PAINTING			\$20,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$39,000.00	\$63,000.00	\$63,000.00	\$63,000.00	
	BATHROOM RENOVATION			\$10,000.00	\$47,800.00	\$47,800.00	\$47,800.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$39,500.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$40,000.00	\$42,500.00	\$42,500.00	\$42,500.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$19,389.00	\$44,600.00	\$44,600.00	\$44,600.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$10,000.00	\$30,550.00	\$30,550.00	\$30,550.00	
	SECURITY WINDOW & DOOR SCREENS			\$15,000.00	\$51,380.00	\$51,380.00	\$51,380.00	
	VACANCY REDUCTION			\$209,925.88	\$10,237.97	\$10,237.97	\$10,237.97	
	WINDOW BLINDS			\$0.00	\$414.24	\$414.24	\$414.24	
	PAGE SUBTOTAL			\$508,748.88	\$496,024.65	\$496,024.65	\$496,024.65	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	INTERIOR GAS LINE REPAIRS			\$0.00	\$3,170.00	\$3,170.00	\$3,170.00	
	REPAIR OR REPLACE PLUMBING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$9,000.00	\$0.00	\$0.00	\$0.00	
	PAINT SUPPLIES - FORCE ACCOUNT			\$0.00	\$397.19	\$397.19	\$397.19	
	Total 1460			\$456,814.88	\$450,103.84	\$450,103.84	\$450,103.84	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$3,567.16	\$3,567.16	\$3,567.16	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$3,567.16	\$3,567.16	\$3,567.16	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$14,000.00	\$7,134.35	\$7,134.35	\$7,134.35	
	Total Cost for FL29P016-005			\$522,748.88	\$503,159.00	\$503,159.00	\$503,159.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-006			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule

Capital Fund Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	9/16/2005		5/31/2004	9/16/2007		9/30/2004	

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Grant Approval	
SANFORD HOUSING AUTHORITY		FL29P016501-03		2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number # 1 <input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending-12/31/04----- <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$0	\$0	\$0	\$0
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$0	\$0	\$0	\$0
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$20,000	\$34,127	\$34,127	\$34,127
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$69,401	\$54,488	\$54,488	\$54,488
10	1460 Dwelling Structures	\$597,252	\$599,271	\$599,271	\$599,271
11	1465.1 Dwelling Equipment - Nonexpendable	\$4,800	\$3,567	\$3,567	\$3,567
12	1470 Nondwelling Structures	\$0	\$0	\$0	\$0
13	1475 Nondwelling Equipment	\$0	\$0	\$0	\$0
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$0	\$0	\$0	\$0
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$691,453.00	\$691,453.00	\$691,453.00	\$691,453.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	EXECUTIVE SECRETARY (5% OF Salary)		60%	\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE CLERK			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1410			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CLERK OF WORKS			\$20,000.00	\$0.00	\$0.00	\$0.00	
	A & E Fees including Clerk of Works			\$0.00	\$34,127.00	\$34,127.00	\$34,127.00	
	Total 1430			\$20,000.00	\$34,127.00	\$34,127.00	\$34,127.00	
PHA Wide	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$20,000	\$34,127	\$34,127	\$34,127	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR Gas SYSTEMS IN UNIT			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-001			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$1,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$6,200.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$4,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$3,000.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$2,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$5,700.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$2,100.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS/WINDOW REPAIRS			\$800.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$9,984.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$3,880.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$38,664.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$41,664.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$3,000.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-002			\$41,664.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$24,998.00	\$24,998.00	\$24,998.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$962.00	\$962.00	\$962.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$2,507.00	\$2,507.00	\$2,507.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-003			\$0.00	\$28,467.00	\$28,467.00	\$28,467.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGN			\$3,467.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$5,000.00	\$5,000.00	\$5,000.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$3,467.00	\$5,000.00	\$5,000.00	\$5,000.00	
	1460 Dwelling Structure	1460						
	VACANCY REDUCTION CONTRACT			\$92,773.12	\$0.00	\$0.00	\$0.00	
	CARPENTRY REPAIRS - TRUSS			\$0.00	\$925.00	\$925.00	\$925.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	ATTIC FANS			\$0.00	\$2,065.00	\$2,065.00	\$2,065.00	
	FLOOR MASTIC ABATEMENT			\$0.00	\$14,750.00	\$14,750.00	\$14,750.00	
	ELECT. OR GAS SYSTEMS			\$0.00	\$12,830.00	\$12,830.00	\$12,830.00	
	DRYWALL REPLACEMENT			\$0.00	\$6,500.00	\$6,500.00	\$6,500.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$21,230.00	\$21,230.00	\$21,230.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$14,650.00	\$14,650.00	\$14,650.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$22,750.00	\$22,750.00	\$22,750.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$6,500.00	\$6,500.00	\$6,500.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$96,240.12	\$107,200.00	\$107,200.00	\$107,200.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$6,000.00	\$18,500.00	\$18,500.00	\$18,500.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$98,773.12	\$120,700.00	\$120,700.00	\$120,700.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$2,400.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$2,400.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$4,800.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$107,040.12	\$125,700.00	\$125,700.00	\$125,700.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$10,000.00	\$3,142.00	\$3,142.00	\$3,142.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$5,000.00	\$15,000.00	\$15,000.00	\$15,000.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	GARBAGE DUMPSTER ENCLOSURE			\$5,000.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$20,000.00	\$30,400.00	\$30,400.00	\$30,400.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$2,000.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$2,000.00	\$850.00	\$850.00	\$850.00	
	STORM SEWERS			\$0.00	\$96.00	\$96.00	\$96.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$5,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	SIGNS			\$6,934.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$65,934.00	\$49,488.00	\$49,488.00	\$49,488.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$1,000.00	\$1,528.00	\$1,528.00	\$1,528.00	
	HVAC REPAIRED			\$0.00	\$7,000.00	\$7,000.00	\$7,000.00	
	INSTALL NEW VINYL FLOOR TILE			\$24,000.00	\$77,292.94	\$77,292.94	\$77,292.94	
	T-111 SIDING REPLACED			\$0.00	\$2,777.00	\$2,777.00	\$2,777.00	
	ELECTRICAL REPAIRS			\$0.00	\$11,600.00	\$11,600.00	\$11,600.00	
	LOCKSETS AND LATCHES			\$0.00	\$856.50	\$856.50	\$856.50	
	DRYWALL REPLACEMENT			\$15,000.00	\$55,000.00	\$55,000.00	\$55,000.00	
	INTERIOR PAINTING			\$20,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$39,000.00	\$63,000.00	\$63,000.00	\$63,000.00	
	BATHROOM RENOVATION			\$10,000.00	\$47,800.00	\$47,800.00	\$47,800.00	
	REPLACE ROOF SHINGLES & SOFFITS			\$39,500.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$40,000.00	\$42,500.00	\$42,500.00	\$42,500.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$19,389.00	\$44,600.00	\$44,600.00	\$44,600.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$10,000.00	\$30,550.00	\$30,550.00	\$30,550.00	
	SECURITY WINDOW & DOOR SCREENS			\$15,000.00	\$51,380.00	\$51,380.00	\$51,380.00	
	VACANCY REDUCTION			\$209,925.88	\$10,237.97	\$10,237.97	\$10,237.97	
	WINDOW BLINDS			\$0.00	\$414.24	\$414.24	\$414.24	
	PAGE SUBTOTAL			\$508,748.88	\$496,024.65	\$496,024.65	\$496,024.65	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	INTERIOR GAS LINE REPAIRS			\$0.00	\$3,170.00	\$3,170.00	\$3,170.00	
	REPAIR OR REPLACE PLUMBING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$9,000.00	\$0.00	\$0.00	\$0.00	
	PAINT SUPPLIES - FORCE ACCOUNT			\$0.00	\$397.19	\$397.19	\$397.19	
	Total 1460			\$456,814.88	\$450,103.84	\$450,103.84	\$450,103.84	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$3,567.16	\$3,567.16	\$3,567.16	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$3,567.16	\$3,567.16	\$3,567.16	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$14,000.00	\$7,134.35	\$7,134.35	\$7,134.35	
	Total Cost for FL29P016-005			\$522,748.88	\$503,159.00	\$503,159.00	\$503,159.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$0.00	\$0.00	\$0.00	\$0.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW CARPETING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$0.00	\$0.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1465			\$0.00	\$0.00	\$0.00	\$0.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-006			\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /
Performance and Evaluation Report**

Part III: Implementation Schedule

Capital Fund Program: FL29P016501-03

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	9/16/2005		5/31/2004	9/16/2007		9/30/2004	

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /
Performance and Evaluation Report**

Part I: Summary
Capital Funds Program (CFP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number	FFY of Grant Approval		
SANFORD HOUSING AUTHORITY		FL29P016501-02	2002		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number # 2 <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending <u>12/31/04</u> <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$150,000	\$100,000	\$100,000	\$100,000
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0	\$0	\$0	\$0
4	1410 Administration (May not exceed 10% of line 20)	\$6,000	\$1,473	\$1,473	\$1,473
5	1411 Audit	\$0	\$0	\$0	\$0
6	1415 Liquidated Damages	\$0	\$0	\$0	\$0
7	1430 Fees and Costs	\$101,280	\$97,325	\$97,325	\$97,325
8	1440 Site Acquisition	\$0	\$0	\$0	\$0
9	1450 Site Improvement	\$22,533	\$32,000	\$29,000	\$29,000
10	1460 Dwelling Structures	\$575,643	\$627,364	\$632,495	\$632,495
11	1465.1 Dwelling Equipment - Nonexpendable	\$26,000	\$20,432	\$20,432	\$20,432
12	1470 Nondwelling Structures	\$0	\$3,519	\$1,400	\$1,400
13	1475 Nondwelling Equipment	\$8,160	\$8,170	\$8,158	\$8,158
14	1485 Demolition	\$0	\$0	\$0	\$0
15	1490 Replacement Reserve	\$0	\$0	\$0	\$0
16	1492 Moving to Work Demonstration	\$0	\$0	\$0	\$0
17	1495.1 Relocation Costs	\$1,000	\$332	\$332	\$332
18	1499 Mod Used for Development Activities	\$0	\$0	\$0	\$0
19	1502 Contingency (may not exceed 8% of line 20)	\$0	\$0	\$0	\$0
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$890,616.00	\$890,616.00	\$890,616.00	\$890,616.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406		\$150,000.00	\$100,000.00	\$100,000.00	\$100,000.00	
PHA Wide	1408 Management Improvements	1408						
	MANAGEMENT STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE STAFF TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	RESIDENT JOB AND LEADERSHIP TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER SOFTWARE AND OR TRAINING			\$0.00	\$0.00	\$0.00	\$0.00	
	ADDITIONAL STAFF FOR SOCIAL SERVICES			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY GUARD SERVICE			\$0.00	\$0.00	\$0.00	\$0.00	
	CRIMINAL INVESTIGATION FOR ADMINISTRATIVE OR JUDICIAL PROCEEDINGS			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1408			\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1410 Administration	1410						
	EXECUTIVE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	EXECUTIVE SECRETARY (5% OF Salary)		60%	\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	FINANCE DIRECTOR (5% OF Salary)			\$0.00	\$0.00	\$0.00	\$0.00	
	MECHANIC II			\$0.00	\$0.00	\$0.00	\$0.00	
	MOD COORDINATOR (100% OF Salary)		100%	\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY PREP FOREMAN			\$0.00	\$0.00	\$0.00	\$0.00	
	GROUNDS LABOR			\$0.00	\$0.00	\$0.00	\$0.00	
	CUSTODIAN			\$0.00	\$0.00	\$0.00	\$0.00	
	SUNDRY EXPENSES (ADVERTISEMENT, ETC.)			\$6,000.00	\$1,473.00	\$1,473.00	\$1,473.00	
	Total 1410			\$6,000.00	\$1,473.00	\$1,473.00	\$1,473.00	
PHA Wide	1411 Audits	1411		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1415 Liquidated Damages	1415		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1430 Fees and Cost	1430						
	CONSULTANT FEES			\$0.00	\$0.00	\$0.00	\$0.00	
	A & E Fees			\$101,280.00	\$97,325.00	\$97,325.00	\$97,325.00	
	Total 1430			\$101,280.00	\$97,325.00	\$97,325.00	\$97,325.00	
FL29P099-003	1440 SITE ACQUISITION	1440		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1490 REPLACEMENT RESERVE	1490		\$0.00	\$0.00	\$0.00	\$0.00	
PHA Wide	1499 MOD USED FOR DEVELOPMENT	1499		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$257,280	\$198,798	\$198,798	\$198,798	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	
	DEVELOPMENT SIGNS			\$6,934.00	\$4,000.00	\$4,000.00	\$4,000.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$9,934.00	\$7,000.00	\$7,000.00	\$7,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$1,000.00	\$1,000.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$0.00	\$30,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$3,500.00	\$0.00	\$16,000.00	\$16,000.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$1,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. ACE ELECTRIC FINAL PAYMENT			\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$5,138.00	\$5,138.00	
	INTERIOR PAINTING			\$2,950.00	\$0.00	\$14,000.00	\$14,000.00	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$8,000.00	\$8,000.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$8,000.00	\$8,000.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$3,000.00	\$0.00	\$15,000.00	\$15,000.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$500.00	\$0.00	\$500.00	\$500.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$122,884.00	\$137,000.00	\$176,638.00	\$176,638.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-001	Castle Brewer							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$15,000.00	\$15,000.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$1,176.34	\$1,176.34	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$112,950.00	\$130,000.00	\$185,814.34	\$185,814.34	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$2,000.00	\$3,800.00	\$3,000.00	\$3,000.00	
	Replace Refrigerators			\$2,000.00	\$3,000.00	\$1,500.00	\$1,500.00	
	Total 1465			\$4,000.00	\$6,800.00	\$4,500.00	\$4,500.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER RENOVATION AT 7th St.			\$0.00	\$0.00	\$0.00	\$0.00	
	RENOVATION OF COSMOTOLOGY BUILDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$8,160.00	\$8,170.48	\$8,158.00	\$8,158.00	
	Total 1475			\$8,160.00	\$8,170.48	\$8,158.00	\$8,158.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$12,160.00	\$14,970.48	\$28,834.34	\$28,834.34	
	Total Cost for FL29P016-001			\$135,044.00	\$151,970.48	\$205,472.34	\$205,472.34	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGNS			\$1,599.00	\$4,000.00	\$4,000.00	\$4,000.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	MAIL BOXES			\$0.00	\$0.00	\$0.00	\$0.00	
	Subtotal 1450			\$1,599.00	\$4,000.00	\$4,000.00	\$4,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$1,000.00	\$0.00	\$0.00	\$0.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$0.00	\$10,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$8,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$58,000.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$10,000.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$5,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$13,000.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$13,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$4,000.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$900.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL/Aluminum FASCIA/SOFFIT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$117,499.00	\$14,000.00	\$4,000.00	\$4,000.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-002	William Clark							
	1460 Dwelling Structure (CONT.)							
	VACANCY REDUCTION			\$3,000.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$118,900.00	\$10,000.00	\$0.00	\$0.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$2,000.00	\$1,000.00	\$300.00	\$300.00	
	Replace Refrigerators			\$2,000.00	\$1,000.00	\$300.00	\$300.00	
	Total 1465			\$4,000.00	\$2,000.00	\$600.00	\$600.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$7,000.00	\$2,000.00	\$600.00	\$600.00	
	Total Cost for FL29P016-002			\$124,499.00	\$16,000.00	\$4,600.00	\$4,600.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGNS			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	Subtotal 1450			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$0.00	\$18,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$2,000.00	\$2,000.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$24,000.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE KITCHEN CABINETS			\$4,800.00	\$4,138.00	\$4,138.00	\$4,138.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$1,631.55	\$1,631.55	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR WINDOWS			\$2,000.00	\$1,950.41	\$4,000.00	\$4,000.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$30,800.00	\$28,088.41	\$15,769.55	\$15,769.55	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-003	Edward Higgins							
	1460 Dwelling Structure (CONT.)							
	VACANCY REDUCTION			\$2,000.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$2,500.00	\$2,500.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$1,500.00	\$1,500.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$32,800.00	\$24,088.41	\$15,769.55	\$15,769.55	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$0.00	\$2,000.00	\$500.00	\$500.00	
	Replace Refrigerators			\$0.00	\$2,000.00	\$500.00	\$500.00	
	Total 1465			\$0.00	\$4,000.00	\$1,000.00	\$1,000.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$2,000.00	\$4,000.00	\$5,000.00	\$5,000.00	
	Total Cost for FL29P016-003			\$32,800.00	\$32,088.41	\$20,769.55	\$20,769.55	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGNS			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	Subtotal 1450			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$53,343.00	\$5,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	ABATEMENT OF FLOOR MASTIC			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. ACE ELECTRIC FINAL PAYMENT			\$46,789.00	\$46,789.00	\$46,789.00	\$46,789.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	DEMOLITION OF KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	WALL REPAIR TO #2			\$0.00	\$5,400.00	\$5,400.00	\$5,400.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$100,132.00	\$61,189.00	\$56,189.00	\$56,189.00	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-004	Cowan Moughton							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$100,132.00	\$57,189.00	\$52,189.00	\$52,189.00	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$2,500.00	\$1,000.00	\$3,000.00	\$3,000.00	
	Replace Refrigerators			\$2,500.00	\$632.29	\$1,500.00	\$1,500.00	
	Total 1465			\$5,000.00	\$1,632.29	\$4,500.00	\$4,500.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	
	Total Cost for FL29P016-004			\$105,132.00	\$62,821.29	\$60,689.00	\$60,689.00	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$5,000.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$3,000.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$1,000.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$3,000.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGNS			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	Subtotal 1450			\$11,000.00	\$9,000.00	\$6,000.00	\$6,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$3,000.00	\$0.00	\$1,000.00	\$1,000.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$0.00	\$16,540.02	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$4,000.00	\$0.00	\$2,000.00	\$2,000.00	
	ABATEMENT OF FLOOR MASTIC			\$0.00	\$37,000.00	\$37,000.00	\$37,000.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$14,401.00	\$0.00	\$2,569.00	\$2,569.00	
	INTERIOR PAINTING			\$10,000.00	\$0.00	\$2,500.00	\$2,500.00	
	DEMOLITION OF KITCHEN CABINETS			\$31,460.00	\$5,700.00	\$5,700.00	\$5,700.00	
	BATHROOM RENOVATION			\$15,000.00	\$10,569.00	\$18,000.00	\$18,000.00	
	REPLACE ROOF SHINGLES			\$15,000.00	\$236,700.00	\$227,855.73	\$227,855.73	
	REPLACE WINDOWS			\$15,443.00	\$0.00	\$2,000.00	\$2,000.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$9,000.00	\$0.00	\$1,000.00	\$1,000.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$10,000.00	\$0.00	\$1,000.00	\$1,000.00	
	EXTERIOR DOOR REMOVAL			\$0.00	\$2,660.00	\$2,235.00	\$2,235.00	
	VACANCY REDUCTION SALARIES			\$57,557.00	\$0.00	\$0.00	\$0.00	
	REPLACE EXTERIOR VINYL SIDING			\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$195,861.00	\$318,169.02	\$308,859.73	\$308,859.73	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-005	Lake Monroe Terrace							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$3,026.07	\$3,026.07	
	REPAIR OR REPLACE PLUMBING			\$1,000.00	\$48,586.37	\$45,491.00	\$45,491.00	
	REPLACE DOOR HARDWARE INCLUDING LOCKS			\$20,000.00	\$1,331.00	\$1,331.00	\$1,331.00	
	FASCIA/SOFFIT			\$0.00	\$37,000.00	\$21,000.00	\$21,000.00	
	Total 1460			\$205,861.00	\$396,086.39	\$373,707.80	\$373,707.80	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$6,000.00	\$2,000.00	\$6,000.00	\$6,000.00	
	Replace Refrigerators			\$6,000.00	\$2,000.00	\$3,000.00	\$3,000.00	
	Total 1465			\$12,000.00	\$4,000.00	\$9,000.00	\$9,000.00	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$0.00	\$0.00	\$0.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$1,000.00	\$332.43	\$332.43	\$332.43	
	PAGE SUBTOTAL			\$34,000.00	\$91,249.80	\$80,180.50	\$80,180.50	
	Total Cost for FL29P016-005			\$229,861.00	\$409,418.82	\$389,040.23	\$389,040.23	

**Annual Statement /
Performance and Evaluation Report**

Part II: Supporting Pages

Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1450 Site Improvements	1450						
	504 COMPLIANCE INSTALL CURB CUTS AND RAMPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CURBING			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL RAILING AT EXTERIOR STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACEMENT OF CONCRETE STEPS			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL LANDSCAPING			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL SIDEWALK REPAIR OR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PLAYGROUND EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE CLOTHES LINES AND POLES			\$0.00	\$0.00	\$0.00	\$0.00	
	GENERAL STREET REPAIR			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL OR GAS DISTRIBUTION LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	SEWER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	WATER LINES			\$0.00	\$0.00	\$0.00	\$0.00	
	STORM SEWERS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL RETAINING WALL			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR, REPLACE OR INSTALL FENCE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL POLE MOUNTED SITE LIGHTING			\$0.00	\$0.00	\$0.00	\$0.00	
	DEVELOPMENT SIGNS			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	Subtotal 1450			\$0.00	\$4,000.00	\$4,000.00	\$4,000.00	
	1460 Dwelling Structure	1460						
	REPLACE WATER HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	FA LABOR & MATERIALS FOR TURNAROUND CREW			\$0.00	\$10,000.00	\$0.00	\$0.00	
	INSTALL NEW VINYL FLOOR TILE			\$0.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW FA SYSTEM (HEATING & COOLING)			\$2,000.00	\$0.00	\$0.00	\$0.00	
	INSTALL NEW WALL OR SPACE HEATERS			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECT. OR GAS SYSTEM IMPROVEMENTS TO UNITS			\$0.00	\$0.00	\$0.00	\$0.00	
	DRYWALL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	INTERIOR PAINTING			\$0.00	\$0.00	\$3,014.49	\$3,014.49	
	REPLACE KITCHEN CABINETS			\$0.00	\$0.00	\$0.00	\$0.00	
	BATHROOM RENOVATION			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE ROOF SHINGLES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE WINDOWS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE INTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$500.00	\$500.00	
	REPLACE EXTERIOR DOORS W/WO FRAMES			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE OR INSTALL NEW SCREEN DOORS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW SECURITY SCREENS / SCREENS			\$0.00	\$0.00	\$0.00	\$0.00	
	VACANCY REDUCTION			\$3,000.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$5,000.00	\$14,000.00	\$7,514.49	\$7,514.49	

**Annual Statement /
Performance and Evaluation Report**
Part II: Supporting Pages
Capital Funds Program: FL29P016501-02

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29P016-006	Redding Gardens							
	1460 Dwelling Structure (CONT.)							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	REPAIR OR REPLACE PLUMBING			\$0.00	\$0.00	\$1,500.00	\$1,500.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1460			\$5,000.00	\$10,000.00	\$5,014.49	\$5,014.49	
	1465 Dwelling Equipment	1465						
	Replace Ranges			\$500.00	\$1,000.00	\$532.39	\$532.39	
	Replace Refrigerators			\$500.00	\$1,000.00	\$300.00	\$300.00	
	Total 1465			\$1,000.00	\$2,000.00	\$832.39	\$832.39	
	1470 Non-Dwelling Structures	1470						
	DAY CARE CENTER CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	PAVILLION ELECTRICAL			\$0.00	\$1,400.00	\$1,400.00	\$1,400.00	
	PAVILLION PAINT			\$0.00	\$2,119.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1470			\$0.00	\$3,519.00	\$1,400.00	\$1,400.00	
	1475 Non-Dwelling Equipment	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	Total 1475			\$0.00	\$0.00	\$0.00	\$0.00	
	1485 DEMOLITION COSTS	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	1495 RELOCATION COST	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	PAGE SUBTOTAL			\$1,000.00	\$5,519.00	\$3,732.39	\$3,732.39	
	Total Cost for FL29P016-006			\$6,000.00	\$19,519.00	\$11,246.88	\$11,246.88	

**Annual Statement /
Performance and Evaluation Report**
Part III: Implementation Schedule
Capital Fund Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
ALL	12/31/2003	6/30/2004	6/30/2004	12/31/2005	6/30/2006	6/30/2004	

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-001	Castle Brewer	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
FY 2006 Kitchen Cabinets			\$30,000	11/01/06
FY 2007 Kitchen Cabinets			\$30,000	11/01/07
FY 2008 Kitchen Cabinets			\$30,000	11/01/08
FY 2009 Kitchen Cabinets			\$ 30,000	11/01/09
Interior Plumbing FY2006			\$ 30,000	11/01/06
Interior Plumbing FY2007			\$ 30,000	11/01/07
Interior Plumbing FY 2008			\$30,000	11/01/08
Interior Plumbing FY 2009			\$30,000	11/01/09
Bathroom Ceramic Tile around Tub FY 2006			\$10,000	11/01/06
Bathroom Ceramic Tile around Tub FY 2007			\$10,000	11/01/07
Bathroom Ceramic Tile around Tub FY 2008			\$10,000	11/01/08
Bathroom Ceramic Tile around Tub FY 2009			\$10,000	11/01/09
Exterior Plumbing			\$10,000	11/01/10
Sewer Line Replacement			\$7,000	11/01/06
Security Screens			\$5,000	11/01/10
Dead Bolt Locks			\$12,600	11/01/06
Total estimated cost over next 5 years			\$ 314,600	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-002	William Clark Court	2	2.35%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Security Screen Doors			\$5,000	11/01/06
Security Screen Doors			\$5,000	11/01/07
Security Screen Doors			\$ 10,000	11/01/08
Dead Bolt Locks			\$10,000	11/01/07
Kitchen Cabinets			\$10,000	11/01/09
Bathroom Renovation			\$10,000	11/01/09
Security Window Screens			\$10,000	11/01/10
Total estimated cost over next 5 years			\$60,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-003	Edward Higgins Terrace	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Parking and sidewalk Improvements			\$20,000	11/01/06
Kitchen Cabinets			\$10,000	11/01/07
Bath Renovation			\$10,000	11/01/07
Kitchen Cabinets			\$10,000	11/01/08
Bath Renovation			\$10,000	11/01/08
Kitchen Cabinets			\$10,000	11/01/09
Bath Renovation			\$10,000	11/01/09
Total estimated cost over next 5 years			\$ 80,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-004	Cowan Moughton Terrace	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Parking, Sidewalk and Landscaping Improvements			\$ 15,000	11/01/10
Total estimated cost over next 5 years			\$ 15,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29P016-005	Lake Monroe Terrace	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Sewer Repairs			\$5,000	11/01/06
Sewer Repairs			\$5,000	11/01/07
Sewer Repairs			\$5,000	11/01/08
Sewer Repairs			\$5,000	11/01/09
Security Window Screens			\$5,000	11/01/10
Landscaping			\$10,000	11/01/10
Total estimated cost over next 5 years			\$35,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29P016-006	Redding Garden	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Air Handler		\$5,000	11/01/06
Condenser		\$5,000	11/01/06
Cabinets		\$5,000	11/01/06
Air Handler		\$10,000	11/01/07
Condenser		\$10,000	11/01/07
Cabinets		\$5,000	11/01/07
Air Handler		\$10,000	11/01/08
Condenser		\$10,000	11/01/08
Cabinets		\$5,000	11/01/08
Dead Bolt Locks		\$10,000	11/01/08
Air Handler		\$10,000	11/01/09
Condenser		\$10,000	11/01/09
Cabinets		\$5,000	11/01/09
Repair/Replace Stairs		\$15,000	11/01/10
General Site Improvements (Dumpster Enclosure, Sidewalks, & Parking)		\$5,000	11/01/06
Sewer Line Repair/Replace		\$5,000	11/01/06
Interior Re-pipe		\$5,000	11/01/07
Total estimated cost over next 5 years		\$130,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA WIDE	ALL UNITS	2	.004%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Amortization of Multiple Year Loan FY 2006		\$387,814	11/01/06
Refrigerators		\$10,000	11/01/06
Ranges		\$10,000	11/01/06
Maintenance equipment		\$10,000	11/01/06
Amortization of Multiple Year Loan FY 2007		\$387,814	11/01/07
Refrigerators		\$10,000	11/01/07
Ranges		\$10,000	11/01/07
Amortization of Multiple Year Loan FY 2008		\$387,814	11/01/08
Refrigerators		\$10,000	11/01/08
Ranges		\$10,000	11/01/08
Amortization of Multiple Year Loan FY 2009		\$387,814	11/01/09
Refrigerators		\$10,000	11/01/09
Ranges		\$10,000	11/01/09
Security		\$20,000	11/01/09
Golf Carts		\$10,000	11/01/09
Landscape		\$20,000	11/01/06
Interior Paint		\$30,000	11/01/07
Maintenance Vehicles		\$30,000	11/01/10
Termite Treatment		\$20,000	11/01/08
Total estimated cost over next 4 years		\$1,771,256	